

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000010999

1. Entity Name
SAILEDIN LLC



Principal Place of Business

**3830 W. NEPTUNE ST.,
C-5
TAMPA, FL 33629**

Mailing Address

**3830 W. NEPTUNE ST
C-5
TAMPA, FL 33629**



01302008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1702992

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SALDAN, RUDOLPH
3830 W. NEPTUNE ST.
C-5
TAMPA, FL 33629**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SALDAN, RUDOLPH 3830 W. NEPTUNE ST., C-5 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SALDAN, KIM 3830 W. NEPTUNE ST., C-5 TAMPA, FL 33629
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U00000816070
02/14/08-80034-017 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/30/8

Date

813425-2134

Daytime Phone #