

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017579

Entity Name: SALVATORE R. GOMES, LLC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

1901 NW 67TH PLACE
SUITE G
GAINESVILLE, FL 32653 US

New Principal Place of Business:

5224 WEST STATE ROAD 46 # 411
SANFORD, FL 32771 US

Current Mailing Address:

7921 STATE ROAD 100
BOX 33
LAKE GENEVA, FL 32160 US

New Mailing Address:

5224 WEST STATE ROAD 46 # 411
SANFORD, FL 32771 US

FEI Number: 11-3770658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GOMES, SALVATORE R
7921 STATE ROAD 100
BOX 33
LAKE GENEVA, FL 32160 US

Name and Address of New Registered Agent:

GOMES, SALVATORE R
5224 WEST STATE ROAD 46 # 411
SANFORD, FL 32771 US

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.

SIGNATURE: SALVATORE GOMES

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOMES, SALVATORE R
Address: 7921 STATE ROAD 100, BOX 33
City-St-Zip: LAKE GENEVA, FL 32160 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOMES, SALVATORE R
Address: 5224 WEST STATE ROAD 46 # 411
City-St-Zip: SANFORD, FL 32771 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SALVATORE GOMES

MGRM

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date