

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067083

Entity Name: IMSALON LLC

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

300BAY VIEW DR  
A1  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

20441NE30AVE  
418-9  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROIDES, ILAN  
20441NE30AVE  
418-9  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: BROIDES, ILAN  
Address: 20441NE30AVE  
City-St-Zip: AVENTURA, FL 33180

Title: MRG ( ) Delete  
Name: MILLER, SHELLEY  
Address: 16590NE26TH AVE  
City-St-Zip: N M B, FL 33160

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ILAN

P

04/13/2009

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