


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90248 034 ***138.75

DOCUMENT # L06000087672 1. Entity Name SIMARON INVESTMENTS, LLC																											
Principal Place of Business 2262 CHIANTI PLACE SUITE 511 PALM HARBOR, FL 34683-7730 US		Mailing Address 2262 CHIANTI PLACE SUITE 511 PALM HARBOR, FL 34683-7730 US																									
2. Principal Place of Business - No P.O. Box # 1689 TAMPA ROAD Suite, Apt. #, etc.		3. Mailing Address 1689 TAMPA ROAD Suite, Apt. #, etc.																									
City & State PALM HARBOR FL Zip 34683-5651		City & State PALM HARBOR FL Zip 34683-5651																									
4. FEI Number 20-5498986		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent ELKABETS COHEN, SIMHA 2262 CHIANTI PLACE SUITE 511 PALM HARBOR, FL 34683-7730		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1689 TAMPA ROAD City PALM HARBOR FL Zip Code 34683-5651																									
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 SIMHA ELKABETS COHEN <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 2/28/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ELKABETS COHEN, SIMHA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2262 CHIANTI PLACE # 511</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM HARBOR, FL 346837730</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	ELKABETS COHEN, SIMHA		STREET ADDRESS	2262 CHIANTI PLACE # 511		CITY-ST-ZIP	PALM HARBOR, FL 346837730		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: SIMHA ELKABETS COHEN		DATE 2/28/08																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>																									