

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90098 026 ***143.75

60000000



01252008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000095017 1. Entity Name SALCUM SHUTTERS INVESTMENTS, LLC			
Principal Place of Business 7795 W 20 AVENUE HIALEAH, FL 33014		Mailing Address 7795 W 20 AVENUE HIALEAH, FL 33014	
2. Principal Place of Business - No P.O. Box # 16480-92 NW 48th AVE		3. Mailing Address 16480-92 NW 48th AVE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIAMI GARDENS FL		City & State MIAMI GARDENS FL	
Zip 33014		Zip 33014	
Country 		Country 	
4. FEI Number 20-5621832		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CUMMINS, MARLISE 7795 W 20 AVENUE HIALEAH, FL 33014		7. Name and Address of New Registered Agent Name CUMMINS, MARLISE Street Address (P.O. Box Number is Not Acceptable) 16480-92 NW 48th AVE City MIAMI GARDENS FL Zip Code 33014	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALOMON, EDMOND SR. <input checked="" type="checkbox"/> Delete 1504 NW 183 TERRACE PEMBROKE PINES, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALOMON, ANA <input type="checkbox"/> Delete 1504 NW 183 TERRACE PEMBROKE PINES, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALOMON, EDMOND JR. <input type="checkbox"/> Delete 9545 SW 25 COURT MIRAMAR, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUMMINS, MARLISE <input type="checkbox"/> Delete 16901 SW 63 MANOR SOUTHWEST RANCHES, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUMMINS, GEORGE <input type="checkbox"/> Delete 16901 SW 63 MANOR SOUTHWEST RANCHES, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Ana Salomon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>02-05-08</u> Daytime Phone # <u>(305) 821-9333</u>	