

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036635

Entity Name: SALSAFIX, LLC

FILED  
Jan 21, 2009  
Secretary of State

## Current Principal Place of Business:

6139 NW 41ST DRIVE  
CORAL SPRINGS, FL 33067

## New Principal Place of Business:

10106 NW 33RD PLACE  
SUNRISE, FL 33351

## Current Mailing Address:

PO BOX 670604  
CORAL SPRINGS, FL 33067

## New Mailing Address:

PO BOX 451424  
SUNRISE, FL 33345

FEI Number: 20-8749923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRUZ, JORGE I  
6139 NW 41ST DRIVE  
CORAL SPRINGS, FL 33067 US

## Name and Address of New Registered Agent:

CRUZ, JORGE I  
10106 NW 33RD PLACE  
SUNRISE, FL 33351 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: JORGE I CRUZ

01/21/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CRUZ, JORGE I  
Address: PO BOX 670604  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM (X) Delete  
Name: CRUZ, MARIE  
Address: PO BOX 670604  
City-St-Zip: CORAL SPRINGS, FL 33067

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CRUZ, JORGE I  
Address: PO BOX 451424  
City-St-Zip: SUNRISE, FL 33345

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: JORGE I CRUZ

MGRM

01/21/2009

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