

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044555

Entity Name: SAULTER HOLDINGS, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

2323 DEL PRADO BLVD. #7-295
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

2323 DEL PRADO BLVD. #7-295
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 22-3963428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA PA
1840 SOUTHWEST 22 STREET 4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SAULS, BRIAN MGR
2323 DEL PRADO BLVD #7-295
CAPE CORAL, FL 33990 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: BRIAN SAULS

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAULS, BRIAN
Address: 2323 DEL PRADO BLVD #7-141
City-St-Zip: CAPE CORAL, FL 33990

Title: MGR () Delete
Name: BUTLER, SHAWN T
Address: 2323 DEL PRADO BLVD #7-141
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SAULS, BRIAN
Address: 2323 DEL PRADO BLVD #7-295
City-St-Zip: CAPE CORAL, FL 33990

Title: MGR (X) Change () Addition
Name: BUTLER, SHAWN T
Address: 2323 DEL PRADO BLVD #7-295
City-St-Zip: CAPE CORAL, FL 33990

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: BRIAN SAULS

MGR

04/28/2008

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