2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 31, 2008 8:00 am | Secretary of State

DOCUMENT # L07000109391 1. Enlity Name SALLAH & COX, LLC						03-31-2008 9	90269 025 ***1	38.75
Principal Plac	e of Business	Mailing Address						
2101 NW CO BOCA RATON	RPORATE BLVD., STE 216 I, FL 33431	2101 NW CORPORATE BL BOCA RATON, FL 33431	.VD., STE 216			60018	352	
2. Principal Place of Business - No P.O. Box # 2101 NW CORPORATE BLVD.		3. Mailing Address 2101 NW CORPORATE BLVD.						
Suite, Apt. #, etc. 218		Suite, Apt. #, etc. 218			03272008	Chg-LLC	CR2E083 (12/06)
City & State BOCA RA	e TON, FLORIDA	City & State BOCA RATON, FLORIDA			4. FEI Number 26-147841			Applied For
Zip 33431	Country USA		Country USA		5. Certificate of	of Status Desired	□ \$5.00 A	dditional
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New Re	gistered Agent	
0411411			Name SALL	AH JA	MES D			
SALLAH, J	IAMES D CORPORATE BLVD., STE 216		Name SALLAH, JAMES D Street Address (P.O. Box Number is Not Acceptable) 2101 NW CORPORATE BLVD., STE 218					
	TON, FL 33431		2101 NW C		RPORATE	BLVD., STE 2	218	
			CityBC	CA RA	ATON		FL ^{Zip Co} 3343	de 1
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re-	gistered office of	r registere	d agent, or both	, in the State of Flor	ida. I am familiar witi	n, and accept
SIGNATURE .		Jame	es D. Sallah	, Regis	tered Agen	t	03/27/2008	
	Signaturi, typed or printed name of registered agent ar	id title if applicable. (NOTE: R	egistered Agent signat	ure required v	when reinstating)	CONTRACTOR WAS	DATE	2 15 110 N S
FILE After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75						check payable to Department of Sta	
9.	MANAGING MEMBER	IS/MANAGERS	10.			ADDITIONS (
TITLE NAME	MGR			1105		AUDITIONS/C	CHANGES	
	LIAMES D SALLAGEDA	☐ Delete	TITLE	MGR	SD SALLA		CHANGES	☐ Addition
	JAMES D. SALLAH, P.A. 2101 NW CORPORATE BLVD., S		TITLE NAME	JAME	S D. SALLA	AH, P.A.	✓ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	JAMES D. SALLAH, P.A. 2101 NW CORPORATE BLVD., S BOCA RATON, FL 33431		TITLE	JAME 2101 I	NW CORPO	AH, P.A. DRATE BLVD.	☑ Change	☐ Addition
STREET ADDRESS	2101 NW CORPORATE BLVD., S		TITLE NAME STREET ADDRESS	JAME 2101 I	NW CORPO	AH, P.A.	☑ Change	<u></u>
STREET ADDRESS CITY-ST-ZIP TITLE NAME	2101 NW CORPORATE BLVD., S BOCA RATON, FL 33431 MGR JEFFREY L. COX, P.A.	TE 216	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JAME 2101 I BOCA MGR JEFFI	NW CORPO NEY L. CO	AH, P.A. DRATE BLVD. FLORIDA 3343 K, P.A.	☑ Change ., STE 218 31 ☑ Change	<u></u>
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	2101 NW CORPORATE BLVD., S BOCA RATON, FL 33431 MGR JEFFREY L. COX, P.A. 2101 NW CORPORATE BLVD., S	TE 216	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JAME 2101 I BOCA MGR JEFFI 2101 I	NW CORPO NEY L. CO NW CORPO	AH, P.A. DRATE BLVD FLORIDA 3343 K, P.A. DRATE BLVD	 ✓ Change 31 ✓ Change , STE 218 	<u></u>
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	2101 NW CORPORATE BLVD., S BOCA RATON, FL 33431 MGR JEFFREY L. COX, P.A.	TE 216 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAME 2101 I BOCA MGR JEFFI 2101 I	NW CORPO NEY L. CO NW CORPO	AH, P.A. DRATE BLVD. FLORIDA 3343 K, P.A.	☑ Change 7, STE 218 31 ☑ Change 7, STE 218 31	☐ Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	2101 NW CORPORATE BLVD., S BOCA RATON, FL 33431 MGR JEFFREY L. COX, P.A. 2101 NW CORPORATE BLVD., S	TE 216 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JAME 2101 I BOCA MGR JEFFI 2101 I	NW CORPO NEY L. CO NW CORPO	AH, P.A. DRATE BLVD FLORIDA 3343 K, P.A. DRATE BLVD	☑ Change 7, STE 218 31 ☑ Change 7, STE 218 31	☐ Addition
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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: _____ TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

James D. Sallah, Managing Member

03/27/2008

(561) 989-9080

Daytime Phone #