

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124192

FILED  
Mar 18, 2011  
Secretary of State

**Entity Name:** SALTER PAINTING AND CARPENTRY, L.L.C.

**Current Principal Place of Business:**

2755 N. E. 35 ST.  
FT. LAUDERDALE, FL 33306 BR

**New Principal Place of Business:**

**Current Mailing Address:**

2755 N.E. 35 ST.  
FT. LAUDERDALE, FL 33306 BR

**New Mailing Address:**

**FEI Number:** 74-3245998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALTER, FRED V  
2755 N.E. 35 ST.  
FT. LAUDERDALE, FL 33306 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: OWNE  
Name: SALTER, FRED V  
Address: 2755 N. E. 35 ST.  
City-St-Zip: FORT LAUDERDALE, FL 33306 US

Title: OWNE  
Name: SALTER, FREED V  
Address: 2755 N. E. 35 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33306 US

Title: OWNE  
Name: SALTER, FRED V  
Address: 2755 N. E. 35 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33306 US

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Name: SALTER, FRED V  
Address: 2755 N. E. 35 STREET  
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Title: OWNE  
Name: SALTER, FRED V  
Address: 2755 N. E. 35 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33306 US

Title: OWNE  
Name: SALTER, FRED V  
Address: 2755 N. E. 35 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33306 US

I hereby 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: FRED VAUGHN SALTER

OWNE

03/18/2011

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