

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057828

Entity Name: SALTY SOLUTIONS, LLC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

1835 N HWY A1A
203
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

1835 N HWY A1A
203
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 26-2869406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

SCHUNEMAN, CATHY
1835 N HWY A1A #203
INDIALANTIC, FL 32903 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: CATHY SCHUNEMAN

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHUNEMAN, CATHY
Address: 1500 HARBOR BLVD - LHYC
City-St-Zip: WEEHAWKEN, NJ 07086

Title: MGRM () Delete
Name: LAPOINTE, MARIA
Address: 1500 HARBOR BLVD - LHYC
City-St-Zip: WEEHAWKEN, NJ 07086

ADDITIONS/CHANGES:

Title: MS (X) Change () Addition
Name: SCHUNEMAN, CATHY
Address: 1835 N HWY A1A #203
City-St-Zip: INDIALANTIC, FL 32903

Title: MS (X) Change () Addition
Name: LAPOINTE, MARIA
Address: 1835 N HWY A1A #203
City-St-Zip: INDIALANTIC, FL 32903

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: CATHY SCHUNEMAN

MS

04/13/2009

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