

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069516

Entity Name: M SALOME GU, LLC

FILED  
Apr 08, 2009  
Secretary of State

**Current Principal Place of Business:**

SJO 1434, 79TH NW 21ST STREET  
DORAL, FL 33122

**New Principal Place of Business:**

SJO 1434, 7979 NW 21ST STREET  
SJO 1434  
DORAL, FL 33122

**Current Mailing Address:**

SJO 1434, 7979 NW 21ST STREET  
DORAL, FL 33122

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

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

JOSEPH L KOHN, PA  
1700 EAST LAS OLAS BOULEVARD  
201  
FORT LAUDERDALE, FL 33301 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: MGR ( ) Delete  
Name: MALVASSI, CRISTOBAL  
Address: SJO 1434, 7979 NW 21ST STREET  
City-St-Zip: DORAL, FL 33122

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MALAVASSI, CRISTOBAL  
Address: SJO 1434, 7979 NW 21ST STREET  
City-St-Zip: DORAL, FL 33122

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: CRISTOBAL MALAVASSI

MGR

04/08/2009

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