

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116029

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: SAMLAU, LLC

**Current Principal Place of Business:**

1835 NW 21ST TERRACE  
MIAMI, FL 33142 US

**New Principal Place of Business:**

1732 NW 21ST TERRACE  
MIAMI, FL 33142 US

**Current Mailing Address:**

1835 NW 21ST TERRACE  
MIAMI, FL 33142 US

**New Mailing Address:**

1732 NW 21ST TERRACE  
MIAMI, FL 33142 US

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

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

SANDER, SCOTT  
1835 NW 21ST TERRACE  
MIAMI, FL 33142 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: MGRM ( ) Delete  
Name: COHEN, SAMANTHA  
Address: 1835 NW 21ST TERRACE  
City-St-Zip: MIAMI, FL 33142 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: COHEN, SAMANTHA  
Address: 1732 NW 21ST TERRACE  
City-St-Zip: MIAMI, FL 33142 US

Title: MGR ( ) Change (X) Addition  
Name: COHEN, IRA  
Address: 1732 NW21ST TERRACE  
City-St-Zip: MIAMI, FL 33142

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: SAMANTHA COHEN                      MGRM                      02/16/2009

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