

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006356

Entity Name: SALOMON BRAVO, P.L.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

TWO SOUTH UNIVERSITY DRIVE  
SUITE 330  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

TWO SOUTH UNIVERSITY DRIVE  
SUITE 330  
PLANTATION, FL 33324 US

**New Mailing Address:**

FEI Number: 26-4232477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRAVO, GUSTAVO A  
TWO SOUTH UNIVERSITY DRIVE  
SUITE 330  
PLANTATION, FL 33324 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  
Name: LAW OFFICES OF DAVID SALOMON, P.A.  
Address: TWO SOUTH UNIVERSITY DRIVE, SUITE 330  
City-St-Zip: PLANTATION, FL 33324 US

Title: MGRM  
Name: GUSTAVO A. BRAVO, P.A.  
Address: TWO SOUTH UNIVERSITY DRIVE, SUITE 330  
City-St-Zip: PLANTATION, FL 33324 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: GUSTAVO A. BRAVO

MGRM

04/30/2012

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