

**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

For Office Use Only

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FILED

11 MAY 11 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LD9000007377**
1. Entity Name
Sellers' Original Salsa, LLC



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2. Principal Place of Business - No P.O. Box # **19878 N. 19th Place**
Suite, Apt. #, ect. _____

3. Mailing Address **19878 N. 19th Place**
Suite, Apt. #, ect. _____

CR2E083B (1/11)

City & State **Jupiter, FL**
Zip **33458** Country **USA**

4. FEI Number **26-4105753**
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6.
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7. Name and Address of Current Registered Agent
Name **Andrea Hoffman**
Street Address (P.O. Box Number is Not Acceptable) **19878 N. 19th Place**
City **Jupiter** FL Zip **33458**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable

DATE _____

January 1 - May 1 Fee is \$138.75
After May 1, Fee is \$538.75
Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

hoffintire@aol.com

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm Andrea Hoffman 19878 N. 19th Place Jupiter, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm Jenne Sellers 9073 SE. Admis Street Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate, and that my 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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: **Andrea Hoffman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone#

5/12/11