

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000068030

Entity Name: S.A.L.T. CONCEPTS, LLC

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

## **Current Principal Place of Business:**

3319 PINE ST  
JACKSONVILLE, FL 32205

## **New Principal Place of Business:**

1650 MARGARET STREET  
SUITE 320, #226  
JACKSONVILLE, FL 32204

## **Current Mailing Address:**

1650 MARGARET ST, STE 302  
PMB #266  
JACKSONVILLE, FL 32204

## **New Mailing Address:**

1650 MARGARET STREET  
SUITE 320, #226  
JACKSONVILLE, FL 32204

FEI Number: 45-3044731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WARD, RENE A  
3319 PINE ST  
JACKSONVILLE, FL 32205 US

## **Name and Address of New Registered Agent:**

WARD, RENE A  
1650 MARGARET STREET  
SUITE 320, #226  
JACKSONVILLE, FL 32204 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: RENE A WARD

04/30/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STEILBERT, RENEE  
Address: 1650 MARGARET ST. STE #302  
City-St-Zip: JACKSONVILLE, FL 32204

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: RENEE STEILBERG

MGR

04/30/2012

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