

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001532

FILED  
Jun 16, 2009  
Secretary of State

Entity Name: SALAMON ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

6364 D'ORSAY CT.  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

6364 DORSAY CT.  
DELRAY BEACH, FL 33484

**New Mailing Address:**

6364 D'ORSAY CT.  
DELRAY BEACH, FL 33484

FEI Number: 22-3618010      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SALAMON, IRA L MANAGER  
6364 DORSAY COURT  
DELRAY BEACH, FL 33484      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: SALAMON, IRA L  
Address: 6364 DORSAY COURT  
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGR      ( ) Delete  
Name: SALAMON, MAUREEN  
Address: 6364 DORSAY COURT  
City-St-Zip: DELRAY BEACH, FL 33484

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: IRA L. SALALMON

PRES

06/16/2009

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