

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000001532

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

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6364 D'ORSAY CT.  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

6364 D'ORSAY CT.  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number:** 22-3618010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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:** IRA SALAMON

MGR.

01/05/2010

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