

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90040 031 ****50.00

**2606 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M04000000978			
1. Entity Name SILVER SALTS PHOTOGRAPHY, LLC			
Principal Place of Business 3210 GREEN DOLPHIN LANE NAPLES, FL 34102		Mailing Address 3210 GREEN DOLPHIN LANE NAPLES, FL 34102	
2. Principal Place of Business 5150 North Tamiami Trail		3. Mailing Address 5150 North Tamiami Trail	
Suite, Apt. #, etc. Suite 402		Suite, Apt. #, etc. Suite 402	
City & State Naples FL		City & State Naples, FL	
Zip 34103		Zip 34103	
Country USA		Country USA	
4. FEI Number 20-0799097		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., STE. 508 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GERRY, JESSICA 3210 GREEN DOLPHIN LANE NAPLES, FL 34102 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3255 Rum Row Naples FL 34102 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: 		4/24/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	