

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000099094

**FILED**  
**Mar 30, 2013**  
**Secretary of State**  
**CC4945034970**

**Entity Name:** SALCEDO INVESTMENTS, LLC

**Current Principal Place of Business:**

1854 BREAKERS POINT WAY  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

1854 BREAKERS POINT WAY  
WEST PALM BEACH, FL 33411

**FEI Number:** 46-0702997

**Certificate of Status Desired:** No

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

NEXT DAY TAX, INC  
2457 EAST COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33308 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SALCEDO, FABIO R  
Address 1854 BREAKERS POINT WAY  
City-State-Zip: WEST PALM BEACH FL 33411

Title MGRM  
Name SALCEDO, JEANNETT  
Address 1854 BREAKERS POINT WAY  
City-State-Zip: WEST PALM BEACH FL 33411

Title MGRM  
Name SALCEDO, SEBASTIAN  
Address 1854 BREAKERS POINT WAY  
City-State-Zip: WEST PALM BEACH FL 33411

Title MGRM  
Name SALCEDO, KATHERINE  
Address 1854 BREAKERS POINT WAY  
City-State-Zip: WEST PALM BEACH FL 33411

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FABIO SALCEDO

**MGRM**

**03/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date