

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000064811

**Entity Name:** SALYMAR 5, LLC

**Current Principal Place of Business:**

12195 NW 99 AVE  
HIALEAH GARDENS, FL 33018

**Current Mailing Address:**

12195 NW 99 AVE  
HIALEAH GARDENS, FL 33018 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HADDAD, SALOMON  
12195 NW 99 AVE  
HIALEAH GARDENS, FL 33018 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            AMBR  
Name            HADDAD, SALOMON  
Address        12195 NW 99 AVE  
City-State-Zip: HIALEAH GARDENS FL 33018

Title            AMBR  
Name            HADDAD, BLANCA  
Address        12195 NW 99 AVE  
City-State-Zip: HIALEAH GARDENS FL 33018

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SALOMON HADDAD

**PRESIDENT**

**05/01/2016**

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

\_\_\_\_\_  
Date