

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004634

FILED
Jun 23, 2009
Secretary of State

Entity Name: STRATEGIC BUILDING SOLUTIONS, LLC

Current Principal Place of Business:

599 MIDDLESEX TURNPIKE
OLD SAYBROOK, CT 06475

New Principal Place of Business:

Current Mailing Address:

599 MIDDLESEX TURNPIKE
OLD SAYBROOK, CT 06475

New Mailing Address:

FEI Number: 06-1468602 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: WINIKUR, JONATHAN
Address: 599 MIDDLESEX TURNPIKE
City-St-Zip: OLD SAYBROOK, CT 06475

Title: MGR () Delete
Name: OVERMOYER, MELVIN
Address: 599 MIDDLESEX TURNPIKE
City-St-Zip: OLD SAYBROOK, CT 06475

Title: MGR () Delete
Name: MILLER, MARK
Address: 599 MIDDLESEX TURNPIKE
City-St-Zip: OLD SAYBROOK, CT 06475

Title: MGR () Delete
Name: VALLERIE, DAVE
Address: 599 MIDDLESEX TURNPIKE
City-St-Zip: OLD SAYBROOK, CT 06475

ADDITIONS/CHANGES:

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

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

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: JONATHAN WINIKUR

MGR

06/23/2009

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