

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003231

FILED
Apr 09, 2009
Secretary of State

Entity Name: CONANIAH STRATEGIC INVESTMENTS LTD. CO.

Current Principal Place of Business:

5332 FOXFIRE PLACE
KINGSPORT, TN 37664

New Principal Place of Business:

Current Mailing Address:

5332 FOXFIRE PLACE
KINGSPORT, TN 37664

New Mailing Address:

FEI Number: 65-1084380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SACCULLO, JOSEPH
7102 BROOKLINE AVE
FORT PIERCE, FL 34951 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: N/A, N/A
Address: N/A
City-St-Zip: N/A, FL

Title: MGR () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, FL

Title: MGR () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, FL

Title: MGRM () Delete
Name: SACCULLO, JOSEPH
Address: 5332 FOXFIRE PLACE
City-St-Zip: KINGSPORT, TN 37664

Title: MGR () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, FL

Title: MGR () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, FL

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:

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: JOE S

MGRM

04/09/2009

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