

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90255 034 ****50.00

DOCUMENT # L01000013436

1. Entity Name
Strategywise Consulting
400 El Destinado Dr.
Tallahassee FL 32312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 El Destinado Dr.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6827
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

32312

Country

USA

Zip

32314

Country

Leon

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Sean Pittman*

Street Address (P.O. Box Number is Not Acceptable)

4167 Afton Ct.

City

West Palm Bch.

FL

Zip Code

33409

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Laurise Thomas
Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

~~President/Managing Member~~
Laurise Thomas
400 El Destinado Dr.
Tallahassee FL 32312

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

~~Vice President/Managing Member~~
John C. Thomas
400 El Destinado Dr.
Tallahassee FL 32312

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

5/1/02

Daytime Phone #

681-2800

CR2E083B (12/01)