

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013436

Entity Name: STRATEGYWISE, L.L.C.

FILED  
Mar 24, 2009  
Secretary of State

**Current Principal Place of Business:**

400 EL DESTINADO DR  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

1510 ESCADRILLE DRIVE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

PO BOX 6827  
TALLAHASSEE, FL 32314

**New Mailing Address:**

FEI Number: 59-3740547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PITTMAN, SEAN  
4167 AFTON CT  
WEST PALM BEACH, FL 33409 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: MGRM ( ) Delete  
Name: THOMAS, LAURISE  
Address: 400 EL DESTINADO DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: THOMAS, JOHN  
Address: 400 EL DESTINADO DR  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: THOMAS, LAURISE  
Address: 1510 ESCADRILLE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM (X) Change ( ) Addition  
Name: THOMAS, JOHN  
Address: 1510 ESCADRILLE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

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: LAURISE ANN THOMAS

MGR

03/24/2009

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