

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90006 008 ***150.00

DOCUMENT # L01000019430

1. Entity Name

STRATEGIC HOLDINGS, L.L.C.

Principal Place of Business

**500 NW DIXIE HWY., STE. 104
 STUART FL 34994**

Mailing Address

**500 NW DIXIE HWY., STE. 104
 STUART FL 34994**

2. Principal Place of Business

500 NW Dixie Hwy
 Suite, Apt. #, etc.
Suite 104

City & State
Stuart FL

Zip Country
34994 Martin

3. Mailing Address

500 NW Dixie Hwy
 Suite, Apt. #, etc.
104 Suite.

City & State
Stuart FL

Zip Country
34994 Martin



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1151959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DERRENBACHER, DAVID B
 500 NW DIXIE HWY., STE. 104
 STUART FL 34994**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE NAME ☐ Delete
MEM DERRENBACHER, DAVID B
 STREET ADDRESS **541 NORTH CAROLINA DR.**
 CITY-ST-ZIP **STUART FL 34994**

TITLE NAME ☐ Delete
MEM POIRIER, ERIC Y
 STREET ADDRESS **1342 SEAHAWK WAY**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

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

Date

Daytime Phone #

1/21/02 (90) 692-3284

CR2E083 (9/01)