

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90132 009 \*\*\*\*\*50.00

**DOCUMENT # L02000001063**

1. Entity Name  
**STRATEGIC FINANCIAL ADVISORS, LLC**



Principal Place of Business  
**1 W CAMINO REAL  
STE 118  
BOCA RATON, FL 33432**

Mailing Address  
**1 W CAMINO REAL  
STE 118  
BOCA RATON, FL 33432**

**14025329**



2. Principal Place of Business  
**925 S. Federal Hwy**

3. Mailing Address  
**925 S. Federal Hwy.**

Suite, Apt. #, etc.  
**Suite 350**

Suite, Apt. #, etc.  
**Suite 350**

City & State  
**Boca Raton, FL.**

City & State  
**Boca Raton, FL.**

Zip  
**33432**

Country  
**USA**

Zip  
**33432**

Country  
**USA**

07072004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**35-2158426**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**POPPER, CLIFFORD A  
3700 S OCEAN BLVD  
#305  
HIGHLAND BEACH, FL 33487**

**7. Name and Address of New Registered Agent**

Name **Popper, Clifford A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**925 S. Federal Hwy.**  
**Suite 350**  
City **Boca Raton** **FL** Zip Code **33432**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Clifford Popper**

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

(NOTE: Registered Agent signature required when reinstating)

**7-8-04**

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **P** ☐ Delete  
NAME **POPPER, CLIFFORD A**  
STREET ADDRESS **1 W. CAMINO REAL, SUITE #118**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE **P** ☒ Change ☐ Addition  
NAME **Popper, Clifford A.**  
STREET ADDRESS **925 S. Federal Hwy, Suite 350**  
CITY-ST-ZIP **Boca Raton, FL 33432**

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

**Clifford Popper**

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

**7-8-04**

Date

Daytime Phone #