

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005176

FILED
Apr 25, 2009
Secretary of State

Entity Name: STRATEGIC RESOURCES MANAGEMENT, LLC

Current Principal Place of Business:

1875 STEVENSON AVE
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1875 STEVENSON AVE
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 04-3629584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, BILL G
1875 STEVENSON AVE
CLEARWATER, FL 33755 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: FOSTER, BILL G
Address: 1875 STEVENSON AVE
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM () Delete
Name: TEAGARDEN, SYDNEY
Address: 592 43RD AVE., N. E
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: MGR () Delete
Name: FOSTER, MEGHAN
Address: 5433 COUNT CARLSON CIRCLE
City-St-Zip: LAS VEGAS, NV 89119

Title: MGR () Delete
Name: FOSTER, KIMBERLY H
Address: 5112 NORTH BARTLETT AVE
City-St-Zip: SAN GABRIEL, CA 91776

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: TEAGARDEN, SYDNEY C
Address: 592 43RD AVE., N. E
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: MGR (X) Change () Addition
Name: FOSTER, MEGHAN C
Address: 7251 WESTBROOK AVE.
City-St-Zip: LAS VEGAS, NV 89147

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: BILL G. FOSTER

MGR

04/25/2009

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