
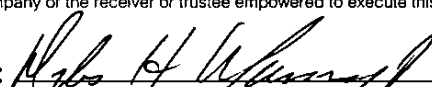


FILED
Apr 03, 2006 8:00 am
Secretary of State

RTF.

DOCUMENT # L02000008661				04-03-2006 90076 008 ****50.00	
1. Entity Name NATIONAL STRATEGIES OF FLORIDA, LLC					
Principal Place of Business 1050 RIVERSIDE AVENUE JACKSONVILLE, FL 32204		Mailing Address 809 HORSELEG CREEK ROAD, SW ROME, GA 30165			
2. Principal Place of Business		3. Mailing Address P.O. Box 153			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Rome, GA		4. FEI Number 04-3640574	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
		30162	Floyd		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOUSTON, CLARENCE H JR 1050 RIVERSIDE AVENUE JACKSONVILLE, FL 32204			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YANCEY, DELOS H III 185 BELLENMONT DR ROME, GA 30165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOONE, CHERYL Y 31 FOREST MEADOW ROME, GA 30165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Cheryl Y. Boone <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 320 E. Third Ave. Rome, GA 30161	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LESTER, CYNTHIA Y 49 BELLENMONT DR ROME, GA 30165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Cynthia Y. Sonam <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2870 Peachtree Rd, Box 300 Atlanta, GA 30305	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			3-27-06 706-235-8154		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		