

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024063

Entity Name: STRATEGIC ALLIANCE, LLC

FILED
Jan 31, 2008
Secretary of State

Current Principal Place of Business:

11625 W ATLANTIC BLVD.
SUITE 2104
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

11625 W ATLANTIC BLVD.
SUITE 2104
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 33-1025134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINCORE, JOHN D
11625 W ATLANTIC BLVD.
SUITE 2104
CORAL SPRINGS, FL 33071 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: MGR () Delete
Name: SINCORE, JOHN D
Address: 8031 SOUTHGATE BLVD. SUITE K-7
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: MGR () Delete
Name: SINCORE, MONICA C
Address: 8031 SOUTHGATE BLVD. SUITE K-7
City-St-Zip: NORTH LAUDERDALE, FL 33068

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SINCORE, JOHN D
Address: 11625 W ATLANTIC BLVD #2104
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR (X) Change () Addition
Name: SINCORE, MONICA C
Address: 11625 W ATLANTIC BLVD #2104
City-St-Zip: CORAL SPRINGS, FL 33071

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: JOHN SINCORE

MGR

01/31/2008

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