

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000027959**

1. Entity Name  
STRATEGIC BUSINESS SERVICES, L.L.C.



Principal Place of Business

1250 W. EAU GALLIE BOULEVARD, SUITE K  
MELBOURNE, FL 32935

Mailing Address

P.O. BOX 33937  
INDIALANTIC, FL 32903

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
81-0577191

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

JONES, RICHARD O  
1250 W. EAU GALLIE BOULEVARD, SUITE K  
MELBOURNE, FL 32935

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reconstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	JONES, RICHARD O
STREET ADDRESS	1250 W. EAU GALLIE BOULEVARD, SUITE K
CITY-ST-ZIP	MELBOURNE, FL 32935

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02/21/07-80060-012 50.00

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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:** \_\_\_\_\_

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

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_