## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000027959

STRÁTEGIC BUSINESS SERVICES, L.L.C.

**FILED** Jan 28, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

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

P.O. BOX 33937 INDIALANTIC, FL 32903



01182008 No Chg-LLC

CR2E083 (12/07)

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

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			,
	named entity submits this statement for the purpose of cha ions of registered agent.	nging its registered office or registered agent, or both, 	in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	. (NOTE: Registered Agent signature required when reinstating)	DATE
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		*
NAME	JONES, RICHARD O		
STREET ADDRESS	1250 W. EAU GALLIE BOULEVARD, SUITÉ K		Hannananapeo
CITY-ST-ZIP	MELBOURNE, FL 32935		U00000800263 01/31/08-80010-013 138.75
TITLE	' "	•	01/01/00 00010 010 100.70
NAME			
STREET ADDRESS			
CITY-ST-ZIP		· ·	•

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11. I hereby certify that the information supplied with this filling 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 of the receiver or justee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANA NG MEMBER, OR AU ORIZED REPRESENTATIVE 2408

371 2S3 3Y00

Daytime Phone #