

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021820

FILED  
Jul 07, 2004  
Secretary of State

**Entity Name:** UNIFIED STRATEGIES OF AMERICA, LLC

**Current Principal Place of Business:**

2500 WESTON ROAD  
SUITE 318  
WESTON, FL 33331 US

**New Principal Place of Business:**

**Current Mailing Address:**

2500 WESTON ROAD  
SUITE 318  
WESTON, FL 33331 US

**New Mailing Address:**

**FEI Number:** 84-1635681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANES, HAROLD  
2500 WESTON ROAD  
SUITE 318  
WESTON, FL 33331 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/MEMBERS:**

**Title:** MGR ( ) Delete  
**Name:** SANES, HAROLD  
**Address:** 2500 WESTON ROAD, SUITE 318  
**City-St-Zip:** WESTON, FL 33331 US

**Title:** MGR ( ) Delete  
**Name:** INDOVINA, PETER  
**Address:** 2500 WESTON ROAD, SUITE 318  
**City-St-Zip:** WESTON, FL 33331 US

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** HAROLD SANES

MR.

07/07/2004

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