

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000026177

FILED
Mar 16, 2009
Secretary of State**Entity Name:** STRATEGIC ACQUISITIONS, LLC.**Current Principal Place of Business:**1505 SOUTH TAMIAMI TRAIL
404
VENICE, FL 34285 US**New Principal Place of Business:****Current Mailing Address:**1505 SOUTH TAMIAMI TRAIL
404
VENICE, FL 34285 US**New Mailing Address:****FEI Number:** 41-2102652**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FRONCKOWIAK, JESS M
1505 SOUTH TAMIAMI TRAIL
404
VENICE, FL 34285 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: MGRM () Delete
Name: FRONCKOWIAK, SONYA G
Address: 1505 SOUTH TAMIAMI TRAIL, SUITE 404
City-St-Zip: VENICE, FL 34285 US

Title: MGRM () Delete
Name: FRONCKOWIAK, JESS M
Address: 1505 SOUTH TAMIAMI TRAIL, SUITE 404
City-St-Zip: VENICE, FL 34285 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: SECR () Change (X) Addition
Name: TWIGG, ELIA
Address: 321 WAYNE AVE
City-St-Zip: INDIALANTIC, FL 32903 US

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: JESS FRONCKOWIAK

MGRM

03/16/2009

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