


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90243 014 \*\*\*\*50.00

<b>DOCUMENT # L03000045167</b>	
1. Entity Name <b>STRATEGIC SUCCESS LLC</b>	

Principal Place of Business <b>8830 SW 45TH BOULEVARD GAINESVILLE FL 32608</b>	Mailing Address <b>8830 SW 45TH BOULEVARD GAINESVILLE FL 32608</b>
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2. Principal Place of Business <b>3946 SW 98TH DRIVE</b>	3. Mailing Address <b>3946 SW 98TH DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>GAINESVILLE, FL</b>	City & State <b>GAINESVILLE, FL</b>
Zip <b>32608</b>	Country <b>USA</b>



1st MOORE CR2E083 (10/04)

4. FEI Number <b>37-1479121</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>MARCINKOSKI, FRANK J 8830 SW 45TH BOULEVARD GAINESVILLE FL 32608</b>		
7. Name and Address of New Registered Agent Name: <b>MARCINKOSKI, FRANK J</b> Street Address (P.O. Box Number is Not Acceptable): <b>3946 SW 98TH DRIVE</b> City: <b>GAINESVILLE</b> FL Zip Code: <b>32608</b>		

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: *Frank Marcinkoski* **FRANK MARCINKOSKI** 2/1/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MARCINKOSKI, FRANK J MR. 8830 SW 45TH BLVD GAINESVILLE FL 32608</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MARCINKOSKI, FRANK J MR. 3946 SW 98TH DRIVE GAINESVILLE, FL 32608</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Frank Marcinkoski* **FRANK MARCINKOSKI** 2/1/05 352-317-0042  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #