

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000028667

1. Entity Name
STRATEGIC REALTY SERVICES, LLC



Principal Place of Business

901 NORTHPOINT PARKWAY
SUITE 200
WEST PALM BEACH, FL 33407 US

Mailing Address

901 NORTHPOINT PARKWAY
SUITE 200
WEST PALM BEACH, FL 33407 US

FILED
Apr 22, 2008 08:00 AM
Secretary of State



02262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

20-1001190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DESANTIS, DOUGLAS L
901 NORTHPOINT PARKWAY
SUITE 200
WEST PALM BEACH, FL 33407

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000914914
05/08/08-80075-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DESANTIS, DOUGLAS L PA
901 NORTHPOINT PKWY STE 200
WEST PALM BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RICHARD S. KAUFMAN, LLC
901 NORTHPOINT PKWY STE 200
WEST PALM BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHRISTOPHER F. FLEMING, LLC
901 NORTHPOINT PKWY STE 200
WEST PALM BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DAVID GLEN ALEXANDER, LLC
901 NORTHPOINT PKWY STE 200
WEST PALM BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

3/29/08

Date

561.471.5353

Daytime Phone #