

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061964

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: MILLER STRASSER INVESTMENTS, LLC

**Current Principal Place of Business:**

1042 N. US HWY 1  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

1042 N. US HWY 1  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 20-1553246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STRASSER, CHARLES L  
1042 N US HWY 1  
ORMOND BEACH, FL 32174 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: STRASSER, CHARLES L  
Address: 1042 NORTH UNITED STATES HIGHWAY ONE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM ( ) Delete  
Name: MILLER, SANFORD  
Address: 125 BASIN STREET #2110  
City-St-Zip: DAYTONA BEACH, FL 32114

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STRASSER, CHARLES L  
Address: 1042 NORTH UNITED STATES HIGHWAY ONE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR (X) Change ( ) Addition  
Name: MILLER, SANFORD  
Address: 125 BASIN STREET #2110  
City-St-Zip: DAYTONA BEACH, FL 32114

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: CHARLES L.STRASSER

MGR

02/16/2009

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