

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90040 009 \*\*\*138.75

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<b>DOCUMENT # L04000069477</b> 1. Entity Name <b>STRATEGIC MORTGAGE SERVICES, LLC</b>					
Principal Place of Business <b>4369 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410</b>			Mailing Address <b>4369 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410</b>		
2. Principal Place of Business - No P.O. Box # <b>11358 Okeechobee Blvd.</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite #2</b>			
City & State <b>Royal Palm Beach, FL</b>		City & State <b>Royal Palm Beach, FL</b>		4. FEI Number <b>43-2062308</b>	
Zip <b>33411</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COHEN, GREGORY R 712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HORWITZ, SUZANNE M 4369 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11358 Okeechobee Blvd. Suite #2 Royal Palm Beach, FL 33411</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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.					
<b>SIGNATURE</b> <b>4/29/08</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					