

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076819

Entity Name: STRATA FORCE GROUP, LLC

FILED
Feb 10, 2009
Secretary of State

Current Principal Place of Business:

691 FRONT STREET
SUITE 220
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

691 FRONT STREET
SUITE 220
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 26-0104016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST JOHN, JOSEPH P
4259 S FLORIDA AVE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

ST JOHN, JOSEPH P
691 FRONT STREET
SUITE 220
CELEBRATION, FL 34747 US

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: JOSEPH ST JOHN

02/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ST. JOHN, JOSEPH P
Address: 4259 S FLORIDA AVE
City-St-Zip: LAKELAND, FL 33813

Title: MGR () Delete
Name: SANTASIERO, MICHAEL
Address: 4259 S FLORIDA AVE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ST. JOHN, JOSEPH P
Address: 4259 S FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33813

Title: MGR (X) Change () Addition
Name: SANTASIERO, MICHAEL
Address: 691 FRONT STREET, SUITE 220
City-St-Zip: CELEBRATION, FL 34747

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: JOSEPH ST JOHN

MR

02/10/2009

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