

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015219

Entity Name: STROMBERG-FORBES LLC

FILED  
Aug 31, 2009  
Secretary of State

**Current Principal Place of Business:**

984 BIRCH COURT  
MARCO ISLAND, FL 34145 US

**New Principal Place of Business:**

**Current Mailing Address:**

984 BIRCH COURT  
MARCO ISLAND, FL 34145 US

**New Mailing Address:**

FEI Number: 59-3802062      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

EVANS, BRUCE  
190 WEST PALMETTO PARK ROAD  
BOCA RATON, FL 33432 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: STROMBERG, GARY  
Address: 984 BIRCH COURT  
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: MGRM ( ) Delete  
Name: FORBES, CHARLOTTE  
Address: 131 OCEAN GRANDE BLVD, #601  
City-St-Zip: JUPITER, FL 33477 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GARY STROMBERG

MGR

08/31/2009

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