

L05000041441Florida Department of State
Division of Corporations
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Account Name : BUSINESS FILINGS
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Phone : (608) 827-5300
Fax Number : (608) 827-5501**FILED**
09 JUN 30 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**LIMITED LIABILITY REINSTATEMENT****STRATEGIC SERVICES U.S.A., LLC**

Certificate of Status	0
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Page Count	02
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J. BRYAN

JUL -1 2009

EXAMINER

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

09 JUN 30 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000041441

1. Limited Liability Company's Name

Strategic Services U.S.A., LLC

2. Principal Office Address

6831 Royal Orchid Circle

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33446

Country

USA

3. Mailing Office Address

6831 Royal Orchid Circle

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33446

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

4/27/2005

6. FEI Number

20-2766284

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable)

1203 Governors Square Blvd

Suite, Apt. #, Etc.

Suite 101

City

Tallahassee

State

FL

Zip Code

32301-2960

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Mark Williams, A.V.P.

Date

6/29/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

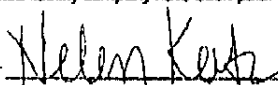
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MAN	Helen Katz	6831 Royal Orchid Circle	Delray Beach, FL 33446

REINSTATEMENT 2007-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager



Date

4/24/09

Daytime Phone #

914-656-1100

Typed or printed name of signing Managing Member/Manager

Helen Katz, Managing Member