

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000044114

**FILED**  
**Apr 02, 2007**  
**Secretary of State**

**Entity Name:** MICHAEL B. COONEY STRATEGIC ADVISORS, LLC

**Current Principal Place of Business:**

5205 ST. REGIS PLACE  
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

5205 ST. REGIS PLACE  
ORLANDO, FL 32812

**New Mailing Address:**

**FEI Number:** 20-1983052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COONEY, MICHAEL B MGR  
5205 ST. REGIS PLACE  
ORLANDO, FL 32812 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: MGR ( ) Delete  
Name: MICHAEL B. COONEY ST, RATEGIC ADVISO R S, LLC  
Address: 5205 ST. REGIS PLACE  
City-St-Zip: ORLANDO, FL 32812

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL B. COONEY

MGR

04/02/2007

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