

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053150

Entity Name: S1 STRATEGIC HOLDINGS, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

5373 EHRLICH RD. SUITE 222
TAMPA, FL 33625

New Principal Place of Business:

13051 W. LINEBAUGH AVE., #102
TAMPA, FL 33626

Current Mailing Address:

5373 EHRLICH RD. SUITE 222
TAMPA, FL 33625

New Mailing Address:

13051 W. LINEBAUGH AVE., #102
TAMPA, FL 33626

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, RANDELL
315 S. HYDE PARK AVENUE
TAMPA, FL 33606 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: MGMR () Delete
Name: ENGEBRETSON, DANIEL J MR.
Address: 5373 EHRLICH ROAD, #222
City-St-Zip: TAMPA, FL 33625

Title: MGMR () Delete
Name: BERESHEIM, SCOTT D MR.
Address: 5373 EHRLICH ROAD, #222
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: ENGEBRETSON, DANIEL J MR.
Address: 13051 W. LINEBAUGH AVE., #102
City-St-Zip: TAMPA, FL 33626

Title: MGMR (X) Change () Addition
Name: BERESHEIM, SCOTT D MR.
Address: 13051 W. LINEBAUGH AVE., #102
City-St-Zip: TAMPA, FL 33626

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: DANIEL J. ENGEBRETSON

MGMR

04/28/2008

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