

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111257

Entity Name: NOW STRATEGIES, LLC

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

1803 TIMBERLANE CIRCLE
GREENACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

1803 TIMBERLANE CIRCLE
GREENACRES, FL 33463

New Mailing Address:

FEI Number: 20-4186771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLLA, DANIELLE D
1803 TIMBERLANE CIRCLE
GREENACRES, FL 33463 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: BOLLA, DANIELLE D
Address: 1803 TIMBERLANE CIRCLE
City-St-Zip: GREENACRES, FL 33463

Title: MGRM () Delete
Name: BOLLA, DR. DAYNA
Address: 5041 SOLAR POINT DR
City-St-Zip: GREENACRES, FL 33463

Title: MGRM () Delete
Name: JACKSON, JILL
Address: 3500 S. OCEAN BLVD.
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: BOLERA, DR. DAYNA
Address: 5041 SOLAR POINT DR
City-St-Zip: GREENACRES, FL 33463

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: DANIELLE D. BOLLA

MGR

04/25/2007

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