

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L05000121268

1. Entity Name  
GLOBAL FINANCIAL STRATEGIES II, LLC



Principal Place of Business  
398 CAMINO GARDENS BOULEVARD  
PLAZA V, SUITE 208  
BOCA RATON, FL 33432

Mailing Address  
398 CAMINO GARDENS BOULEVARD  
PLAZA V, SUITE 208  
BOCA RATON, FL 33432



01292007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4359069

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

TARONE, THEODORE T JR.  
180 ROYAL PALM WAY  
SUITE 201  
PALM BEACH, FL FL

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000652670  
03/12/07-80028-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BUGALSKI, MARK C  
398 CAMINO GARDENS BLVD, PLZ V, STE 208  
BOCA RATON, FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #