

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029694

Entity Name: FLORIDA STRATEGIES, LLC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

450 E. LAS OLAS BLVD., SUITE 700
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

450 E. LAS OLAS BLVD., SUITE 700
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 20-4569280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLOSSER, JIM
C/O BLOSSER & SAYFIE
450 E. LAS OLAS BLVD., SUITE 700
FT. LAUDERDALE, FL 33301 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: MGRM () Delete
Name: BLOSSER, JIM
Address: 450 E. LAS OLAS BLVD., SUITE 700
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGRM (X) Delete
Name: SAYFIE, JUSTIN
Address: 450 E. LAS OLAS BLVD., SUITE 700
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGRM (X) Delete
Name: WITSCHEN, PETER J
Address: 450 E. LAS OLAS BLVD., SUITE 700
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

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

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

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: JAMES J. BLOSSER

MGR

04/21/2009

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