

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042210

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** SAMUEL D. STROMBERG, P.A.

**Current Principal Place of Business:**

11636 MANDARIN TERRACE ROAD  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

11636 MANDARIN TERRACE ROAD  
JACKSONVILLE, FL 32223

**New Mailing Address:**

FEI Number: 41-2205340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STROMBERG, SAMUEL D  
11636 MANDARIN TERRACE ROAD  
SUITE 901  
JACKSONVILLE, FL 32223 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  
Name: STROMBERG, SAMUEL D  
Address: 11636 MANDARIN TERRACE ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby 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: SAMUEL D. STROMBERG

MGRM

03/23/2010

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