FILED
Apr 30, 2007 8:00 am
Secretary of State

04-16-2007 90347 020 ****50.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000059588

1. Entity Name
STRICKLAND ASSOCIATES, LLC

Principal Place of Business
2344 SHERBROOKE ROAD
WINTER PARK, FL 32792

Mailing Address
2344 SHERBROOKE ROAD
WINTER PARK, FL 32792

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01242007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 20-5040567 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
STRICKLAND, SIDNEY J
2344 SHERBROOKE ROAD
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE President
NAME Sidney J. Strickland
STREET ADDRESS 2344 Sherbrooke Rd
CITY-ST-ZIP Winter Park FL 32792
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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10. ADDITIONS / CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Sidney J. Strickland, Jr. Sidney J. Strickland, Jr. 4-12-07 321-214-0887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #