


192

07-15-2008 90006 029 156.75  
L06000089239

## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
08 SEP 23 AM 8:26  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF FLORIDA

<b>DOCUMENT # L06000089239</b> 1. Entity Name BMS STRATEGIC BUSINESS SOLUTIONS LLC	
--	---

Principal Place of Business 370 CENTER POINTE CIRCLE SUITE 1166 ALTAMONTE SPRINGS, FL 32701	Mailing Address 213 CHURCHILL DRIVE LONGWOOD, FL 32779
---	--

**DO NOT WRITE IN THIS SPACE**

04252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5707778	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RESNICK, CURT A  
213 CHURCHILL DRIVE  
LONGWOOD, FL 32779

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2009 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RESNICK, CURT A 213 CHURCHILL DRIVE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RESNICK, PHYLLIS 213 CHURCHILL DRIVE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EDELSTEIN, ABIGAIL D 333 NEEDLES COURT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

*upc 9/23*

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

242

BMS Strategic Business Solutions LLC  
385 Center Pointe Circle Suite 1319  
Altamonte Springs, FL 32801

September 3, 2008

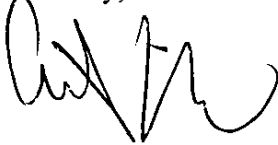
Florida Department Of State  
Division of Corporations  
P.O.Box 6478 – Tallahassee, Florida 32314

FILED  
08 SEP 23 AM 8:26  
TALLAHASSEE, FL 32314

To Whom It May Concern:

We mailed our check for \$138.75 for our 2008 annual business report on time and just received a late notice for \$538.75. We were never notified before this. Please adjust our account balance. Our reference number is L06000089239. Thank you.

Sincerely,



BMS Strategic Business Solutions LLC

(407) 788-7253

9/23/08