

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089239

FILED
Mar 23, 2009
Secretary of State

Entity Name: BMS STRATEGIC BUSINESS SOLUTIONS LLC

Current Principal Place of Business:

370 CENTER POINTE CIRCLE SUITE 1166
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

385 CENTER POINTE CIRCLE SUITE 1319
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

213 CHRURCHILL DRIVE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-5707778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESNICK, CURT A
213 CHRURCHILL DRIVE
LONGWOOD, FL 32779 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: RESNICK, CURT A
Address: 213 CHRURCHILL DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM () Delete
Name: RESNICK, PHYLLIS
Address: 213 CHRURCHILL DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM () Delete
Name: EDELSTEIN, ABIGAIL D
Address: 333 NEEDLES COURT
City-St-Zip: LONGWOOD, FL 32779

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: CURT RESNICK

PRES

03/23/2009

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