

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098243

FILED
Jul 15, 2008
Secretary of State

Entity Name: INTEGRATED FINANCIAL STRATEGIES, L.L.C.

Current Principal Place of Business:

12315 ASHVILLE DR
TAMPA, FL 33626 US

New Principal Place of Business:

10971 COUNTRYWAY BLVD.
TAMPA, FL 33626 US

Current Mailing Address:

12315 ASHVILLE DR
TAMPA, FL 33626 US

New Mailing Address:

10971 COUNTRYWAY BLVD.
TAMPA, FL 33626 US

FEI Number: 20-5713253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCPHERSON, DENVER E
12315 ASHVILLE DR
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

JOHNSON, SEAN M
10971 COUNTRYWAY BLVD.
TAMPA, FL 33626 US

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: SEAN M. JOHNSON

07/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCPHERSON, DENVER E
Address: 12315 ASHVILLE DR
City-St-Zip: TAMPA, FL 33626

Title: MGRM () Delete
Name: JOHNSON, SEAN M
Address: 24724 STATE ROAD 54 #107
City-St-Zip: LUTZ, FL 33559 US

ADDITIONS/CHANGES:

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: SEAN M. JOHNSON

MGRM

07/15/2008

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