

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006029

Entity Name: STR SOLUTIONS, LLC

FILED
Feb 08, 2008
Secretary of State

Current Principal Place of Business:

3184 LA MIRAGE DR
FORT LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

PO BOX 190204
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number: 87-0793569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYLVESTER, REED T IV
3184 LA MIRAGE DR
FORT LAUDERDALE, FL 33319 US

Name and Address of New Registered Agent:

REED, SYLVESTER T IV
3184 LA MIRAGE DR
FORT LAUDERDALE, FL 33319 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: SYLVESTER REED

02/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SYLVESTER, REED T IV
Address: 3184 LA MIRAGE DR
City-St-Zip: FORT LAUDERDALE, FL 33319 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REED, SYLVESTER T IV
Address: 3184 LA MIRAGE DR
City-St-Zip: FORT LAUDERDALE, FL 33319 US

Title: MGR () Change (X) Addition
Name: WILDS, CARLA R
Address: 3184 LA MIRAGE DR
City-St-Zip: FORT LAUDERDALE, FL 33319 US

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: SYLVESTER REED

MGR

02/08/2008

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