

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006029

Entity Name: STR SOLUTIONS, LLC

FILED
Feb 16, 2009
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:

PO BOX 190247
LAUDERHILL, FL 33319

FEI Number: 87-0793569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: MGR () Delete
Name: WILDS, CARLA R
Address: 3184 LA MIRAGE DR
City-St-Zip: FORT LAUDERDALE, FL 33319 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: SYLVESTER REED

MGR

02/16/2009

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