

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

05-07-2008 90014 005 ***138.75

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DOCUMENT # L07000064841					
1. Entity Name STRATVEST ADVISORS MGP, LLC					
Principal Place of Business 1700 SOUTH MACDILL AVE, STE 340 TAMPA, FL 33629			Mailing Address 1700 SOUTH MACDILL AVE, STE 340 TAMPA, FL 33629		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-0388677	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TOBACK, DAVID 1700 SOUTH MACDILL AVE, STE 340 TAMPA, FL 33629			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP ASAP Capital Partners, LLC Smith, Treedy - co manager 1700 S. Macdill Ave. #340 Tampa, FL 33629			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
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: <i>Treedy A Smith</i>			Date: <i>4/15/08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # <i>813-258-1748</i>		