

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076893

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** SAUNDERS LEGAL STRATEGIES AND SOLUTIONS, P.L.

**Current Principal Place of Business:**

15812 NORTHWEST 15 CT  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

15812 NORTHWEST 15 CT  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

**FEI Number:** 38-3776961

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAUNDERS, JAMES E III  
15812 NW 15 COURT  
PEMBROKE PINES, FL 33028 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: SAUNDERS, JAMES E III  
Address: 15812 MW 15 COURT  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM ( ) Delete  
Name: SAUNDERS, KIMBERLY L  
Address: 15812 NW 15 COURT  
City-St-Zip: PEMBROKE PINES, FL 33028

**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:** JAMES SAUNDERS III

MGMR

04/30/2009

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