



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000094425 1. Entity Name STROLLERCE LLC						FILED 08 APR 24 AM 8:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1199 RONDS POINTE DR EAST TALLAHASSEE, FL 32312				Mailing Address 1199 RONDS POINTE DR EAST TALLAHASSEE, FL 32312			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04142008 Chg-LLC CR2E083 (12/06)			
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 113823816				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent LANDSBERG, DORI 1199 RONDS POINTE DR EAST TALLAHASSEE, FL 32312			
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 <i>Dori Landsberg</i> DATE <i>April 14, 2008</i> <small>Signature, typed or printed name of registered agent and LLC if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>			
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	MGR LANDSBERG, DORI 1199 RONDS POINTE DR EAST TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CADE, AMY 1183 CONSENVANCY DR WEST TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300125574243 04/24/08--01031--013 **138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>Dori Landsberg</i> Dori Landsberg <i>April 14, 2008</i> 688-3141 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							