

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008782

**FILED**  
**May 03, 2011**  
**Secretary of State**

**Entity Name:** MAVERICK STRATEGIES LLC

**Current Principal Place of Business:**

489 HOPI COURT  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

1800 PATRICK PLACE  
T-11  
SOUTH PARK, PA 15129 US

**New Mailing Address:**

2312 HIDDEN TIMBER DRIVE  
UPPER ST. CLAIR, PA 15241 US

**FEI Number:** 01-0923397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBINSON, GLENN C  
489 HOPI COURT  
PORT ORANGE, FL 32127 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  
**Name:** ROBINSON, GLENN C  
**Address:** 489 HOPI COURT  
**City-St-Zip:** PORT ORANGE, FL 32127 US

**Title:** MGR  
**Name:** WHITCOMB, LAURA P  
**Address:** 489 HOPI COURT  
**City-St-Zip:** PORT ORANGE, FL 32127 US

I hereby 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:** GLENN C. ROBINSON

MR.

05/03/2011

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