

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018307

Entity Name: SECOR STRATEGIES, LLC

FILED  
May 04, 2009  
Secretary of State

## Current Principal Place of Business:

4573 HELENA DRIVE  
TITUSVILLE, FL 32780 US

## New Principal Place of Business:

3435 SOUTH HOPKINS AVENUE  
UNIT #5  
TITUSVILLE, FL 32780 US

## Current Mailing Address:

4573 HELENA DRIVE  
TITUSVILLE, FL 32780 US

## New Mailing Address:

3435 SOUTH HOPKINS AVENUE  
UNIT #5  
TITUSVILLE, FL 32780 US

FEI Number: 26-2063039      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

SECOR, PAUL  
4573 HELENA DRIVE  
TITUSVILLE, FL 32780 US

## Name and Address of New Registered Agent:

SECOR, PAUL  
3435 SOUTH HOPKINS AVENUE  
UNIT #5  
TITUSVILLE, FL 32780 US

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:

05/04/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SECOR, PAUL  
Address: 4573 HELENA DRIVE  
City-St-Zip: TITUSVILLE, FL 32780 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SECOR, PAUL  
Address: 3435 SOUTH HOPKINS AVENUE UNIT #5  
City-St-Zip: TITUSVILLE, FL 32780 US

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: PAUL SECOR

MGRM

05/04/2009

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