

LD8000036119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

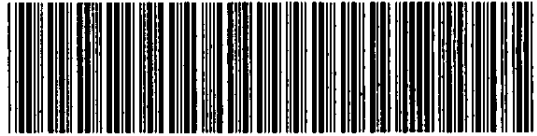
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Collins

FEB 1 - 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Strategic Development Group, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael D Webb

Name of Person

Strategic Development Group, LLC

Firm/Company

218 South US Hwy 1, Suite 201

Address

Tequesta, FL 33469

City/State and Zip Code

mike@revelermedia.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gloria Barajas

Name of Person

at (561)

935-6054

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2010

MICHAEL D. WEBB
218 SOUTH US HWY. 1, SUITE 201
TEQUESTA, FL 33469

SUBJECT: STRATEGIC DEVELOPMENT GROUP, LLC
Ref. Number: W10000001261

We have received your document for STRATEGIC DEVELOPMENT GROUP, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number listed on the Statement of Change of Registered Office does not match the name.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 810A00000880

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Strategic Development Group, LLC

2. (a) Principal office address of limited liability company: 218 South US Hwy 1

☒

(Note: **MUST BE STREET ADDRESS**)

Suite 201
Tequesta, FL 33469

(b) Mailing address of limited liability company: 218 South US Hwy 1

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(Note: **MAY BE POST OFFICE BOX**)

Suite 201
Tequesta, FL 33469

12/02/2003

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Michael D Webb

Registered Office Address:

1016 Clemons Street
Suite 305
Jupiter, FL 33477

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

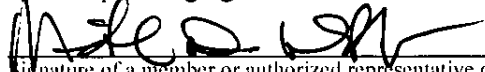
NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

218 South US Hwy 1
Suite 201
Tequesta, FL 33469

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



Signature of a member or authorized representative of a member

Michael D. Webb

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00