

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000037638

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Entity Name:** ELIGERE STRATEGIES, LLC

**Current Principal Place of Business:**

7512 DR. PHILLIPS BLVD.  
50-188  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7512 DR. PHILLIPS BLVD.  
50-188  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 26-2525455

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUCKLEY, TIMOTHY P  
9840 CAMBERLEY CIRCLE  
ORLANDO, FL 32836 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  
**Name:** BUCKLEY, TIMOTHY P  
**Address:** 9840 CAMBERLEY CIRCLE  
**City-St-Zip:** ORLANDO, FL 32836

**Title:** MGRM  
**Name:** DUPREE, WILLIAM MATTHE  
**Address:** 3570 HOLLY SPRINGS ROAD  
**City-St-Zip:** MELBOURNE, FL 32934

**Title:** MGRM  
**Name:** GRAN, JILL C  
**Address:** 3904 DUNLEER COURT  
**City-St-Zip:** TALLAHASSEE, FL 32309

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:** TIMOTHY P BUCKLEY

MGRM

03/05/2012

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