

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061974

FILED
Jun 27, 2009
Secretary of State

Entity Name: MIKE STROYECK LLC

Current Principal Place of Business:

PO BOX 100357
PALM BAY, FL 32910

New Principal Place of Business:

4128 PALADIAN WAY
MELBOURNE, FL 32904

Current Mailing Address:

PO BOX 100357
PALM BAY, FL 32910

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

STROYECK, MIKE
PO BOX 100357
PALM BAY, FL 32910 US

Name and Address of New Registered Agent:

STROYECK, MIKE
4128 PALADIAN WAY
MELBOURNE, FL 32904 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: MIKE STROYECK

06/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STROYECK, MIKE
Address: PO BOX 100357
City-St-Zip: PALM BAY, FL 32910

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ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MIKE STROYECK

MGR

06/27/2009

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