

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000089916

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** APPLIED STRATEGIES GROUP, LLC

**Current Principal Place of Business:**

3111 FORTUNE WAY  
B-14  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

3111 FORTUNE WAY  
B-14  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 26-4122846

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WIGHT, GEOFFREY P  
12173 SUNSET POINT CIRCLE  
WELLINGTON, FL 33414 US

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

WILLIAMSON, JAMES T  
3111 FORTUNE WAY  
B-14  
WELLINGTON, FL 33414 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: JAMES T WILLIAMSON

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOFFMANN, PABLO  
Address: 3111 FORTUNE WAY STE B 14  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM  
Name: WILLIAMSON, JAMES T  
Address: 9657 WORSWICK COURT  
City-St-Zip: WELLINGTON, FL 33414

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: JAMES T WILLIAMSON

MGRM

04/29/2011

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