

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106324

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: STRONG TOWER FINANCIAL SERVICES LLC

**Current Principal Place of Business:**

2414 SE MELALEUCA BLVD  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

2414 SE MELALEUCA BLVD  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 26-3613931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REGIS, LUCNISE  
2501 SE LILY ST  
PORT ST LUCIE, FL 34952 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 ( ) Delete  
Name: REGIS, LUCNISE MGRM  
Address: 2501 SE LILY ST  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: MGR ( ) Delete  
Name: CORNERSTONE PROPERTY MANAGEMENT OF SOUTH F  
Address: 2414 SE MELAEUUA BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: REGIS, LUCNISE MGR  
Address: 2501 SE LILY ST  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: MGRM (X) Change ( ) Addition  
Name: REGIS, DANIEL MGRM  
Address: 2414 SE MELAEUUA BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: DANIEL REGIS

MGR

04/29/2009

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