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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: STRATEGIC ACTION, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**PEDRO HERNANDEZ**  
Name of Person

**STRATEGIC ACTION, LLC**  
Firm/Company

**10033 SAWGRASS DR. W. SUITE 117**  
Address

**PONTE VEDRA BEACH, FL. 32082**  
City/State and Zip Code

**STRATEGICACTION@CLEARWIRE.NET**  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

**PEDRO HERNANDEZ** at ( **904** ) **403-4775**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



**If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

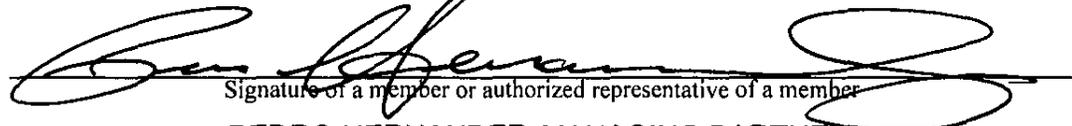
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	AMERSON, GLENN A	10033 SAWGRASS DR. W. SUITE 117 PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KRIGER, KRISMAN	10033 SAWGRASS DR W. SUITE 117 PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	STANLEY, SHERMAN	10033 SAWGRASS DR W. SUITE 117 PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SAYED ISMAEL HASHIMI	10473 CRESTON GLEN DR. JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 6, 2009



Signature of a member or authorized representative of a member

PEDRO HERNANDEZ, MANAGING PARTNER

Typed or printed name of signee

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TALLAHASSEE, FLORIDA