

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000095424

FILED  
Mar 06, 2012  
Secretary of State

**Entity Name:** BANKERS INTERNATIONAL STRATEGIES, LLC

**Current Principal Place of Business:**

299 ALHAMBRA CIRCLE  
SUITE 404  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

299 ALHAMBRA CIRCLE  
SUITE 404  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

BARQUIST, LISA H  
2 SOUTH BISCAYNE BOULEVARD  
SUITE 1600  
MIAMI, FL 33131 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: MGR  
Name: KHOSRAVI, SHAWN  
Address: 299 ALHAMBRA CIRCLE, SUITE 404  
City-St-Zip: MIAMI, FL 33134

Title: MGRM  
Name: BARQUIST, LISA H  
Address: 2 SOUTH BISCAYNE BOULEVARD, SUITE 1600  
City-St-Zip: MIAMI, FL 33131

Title: MGMR  
Name: KASHANI-AKHAVAN, ALI  
Address: 299 ALHAMBRA CIRCLE, SUITE 404  
City-St-Zip: MIAMI, FL 33134

Title: MGMR  
Name: AZADI, BEHDAD  
Address: 299 ALHAMBRA CIRCLE, SUITE 404  
City-St-Zip: MIAMI, FL 33134

Title: MGMR  
Name: MOAREFI, PARVIZ  
Address: 299 ALHAMBRA CIRCLE, SUITE 404  
City-St-Zip: MIAMI, FL 33134

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: LISA HU BARQUIST

MGR

03/06/2012

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