

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000100429

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** PHILANTHROPY STRATEGIES LLC

**Current Principal Place of Business:**

1001 N.E. 96TH ST.  
MIAMI SHORES, FL 33138 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 530549  
MIAMI SHORES, FL 33153 US

**New Mailing Address:**

1001 N.E. 96TH ST.  
MIAMI SHORES, FL 33138 US

**FEI Number:** 90-0756822      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

LUND DÃ-AZ, SANDRA  
1001 N.E. 96TH STREET  
MIAMI SHORES, FL 33138 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  
**Name:** LUND DIAZ, SANDRA  
**Address:** 1001 N.E. 96TH STREET  
**City-St-Zip:** MIAMI SHORES, FL 33138 US

**Title:** MGRM  
**Name:** STUART, CHRIS  
**Address:** 1001 N.E. 96TH STREET  
**City-St-Zip:** MIAMI SHORES, FL 33138 UN

**Title:** MGRM  
**Name:** LUND, ALICIA  
**Address:** 1001 N.E. 96TH STREET  
**City-St-Zip:** MIAMI SHORES, FL 33138 UN

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:** SANDRA LUND DIAZ

MGRM

04/28/2012

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