

2000 UNIFORM BUSINESS REPORT (UBR)

0006240 AF

DOCUMENT # L99000000621

1. Entity Name

STRATEGIC STRUCTURING, L.L.C.

FILED

00 MAR 23 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1903 SOUTH CONGRESS AVENUE, SUITE 400
BOYNTON BEACH FL 33426

Mailing Address

1903 SOUTH CONGRESS AVENUE, SUITE 400
BOYNTON BEACH FL 33426-6559

2. Principal Place of Business *

2704 Rew Circle

3. Mailing Address

2704 Rew Circle

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

Suite 105

City & State

Ocoee, Florida

City & State

Ocoee, Florida

Zip

34761

Country

US

Zip

34761

Country

US

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

E. Nicholas Davis, III

Street Address (P.O. Box Number is Not Acceptable)

2704 Rew Circle

Suite 105

City

Ocoee

FL

Zip Code

34761

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME DAVIS, NICHOLAS
STREET ADDRESS 1903 SOUTH CONGRESS AVENUE, SUITE 400
CITY-ST-ZIP BOYNTON BEACH FL 33426

☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS 2704 Rew Circle, Ste. 105
CITY-ST-ZIP Ocoee, FL 34761

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ Delete

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/29/00 402-905-9629

CR2E083 (9/99)