

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000001314

Entity Name: XTRATEGIES, LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3399 PONCE DE LEON BLVD., SUITE 202  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

3399 PONCE DE LEON BLVD., SUITE 202  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 01-0589763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JIMENEZ, DAY  
3399 PONCE DE LEON BLVD., SUITE 202  
CORAL GABLES, FL 33134 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: JIMENEZ, DAY  
Address: 3399 PONCE DE LEON BLVD., SUITE 202  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: PANIAGUA, ALFONSO  
Address: 3399 PONCE DE LEON BLVD., SUITE 202  
City-St-Zip: CORAL GABLES, 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: DAY JIMENEZ

MR.

01/05/2010

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