

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006731

FILED
Mar 24, 2009
Secretary of State

Entity Name: STRATEGIC INFORMATION SOLUTIONS, LLC

Current Principal Place of Business:

1918 HARRISON ST - STE 209
HOLLYWOOD, FL 33020

New Principal Place of Business:

1918 HARRISON ST - STE 209
STE 209
HOLLYWOOD, FL 33020

Current Mailing Address:

1918 HARRISON ST - STE 209
HOLLYWOOD, FL 33020

New Mailing Address:

293 BRIDGETON ROAD
WESTON, FL 33326

FEI Number: 26-1275963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROIETTI, JOSEPH
293 BRIDGETON RD
WESTON, FL 33326 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 () Delete
Name: HAAN, BRIAN
Address: 1918 HARRISON ST - STE 209
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: PROIETTI, JOSEPH
Address: 1918 HARRISON ST - STE 209
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: BAKER, WINSTON
Address: 1918 HARRISON ST - STE 209
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOSEPH PROIETTI

MGRM

03/24/2009

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