

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000093781

**Entity Name:** STRATEGIC MEDIATORS, LLC

**Current Principal Place of Business:**

40228 BABB RD  
SUITE 4  
UMATILLA, FL 32784

**Current Mailing Address:**

PO BOX 2326  
UMATILLA, FL 32784 US

**FEI Number:** 59-1963968

**Certificate of Status Desired:** No

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

HAYS, DIXON A  
40228 BABB RD  
SUITE 4 PO BOX 2326  
UMATILLA, FL 32784 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name HAYS, DIXON A  
Address 40228 BABB RD  
City-State-Zip: UMATILLA FL 32784

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DIXON A HAYS

**PRESIDENT**

**01/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date