

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000120529

FILED
Apr 04, 2012
Secretary of State

Entity Name: STRAJAOLHC23, LLC.

Current Principal Place of Business:

8615 COMMODITY CIR., ST. 06
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

8615 COMMODITY CIR., ST. 06
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 27-4032623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSON ACCOUNTING & CONSULTING SERVICE LLC
8810 COMMODITY CIRCLE SUITE 17
ORLANDO, FL 32819 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: REIS PEREIRA, MARIA STELA
Address: 8615 COMMODITY CIR., ST. 06
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM
Name: REIS PEREIRA, FELIPE
Address: 8615 COMMODITY CIR., ST. 06
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR
Name: HATMANN REIS, JULIANA
Address: 8615 COMMODITY CIR., ST. 06
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR
Name: HATMANN REIS, CAROLINA
Address: 8615 COMMODITY CIR., ST. 06
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR
Name: HATMANN REIS, LUCAS
Address: 8615 COMMODITY CIR., ST. 06
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM
Name: PEREIRA GOES, HELENA
Address: 8615 COMMODITY CIR., ST. 06
City-St-Zip: ORLANDO, FL 32819 US

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: MARIA STELA REIS PEREIRA

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04/04/2012

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