

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009424

Entity Name: STRASSER INVESTMENTS PARCEL C, LLC**Current Principal Place of Business:**1042 N US HIGHWAY 1
SUITE 15
ORMOND BEACH, FL 32174**Current Mailing Address:**1042 N US HIGHWAY 1
SUITE 15
ORMOND BEACH, FL 32174**FEI Number:** 65-1181603**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STRASSER, GINA
1042 N US HWY 1
SUITE 15
ORMOND BEACH, FL 32174 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:** GINA STRASSER

02/27/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name STRASSER, GINA
Address 1316 JOHN ANDERSON DRIVE
City-State-Zip: ORMOND BEACH FL 32176

Title D
Name DOWST, LEE
Address 536 N. HALIFAX AVE #100
City-State-Zip: DAYTONA BEACH FL 32118

Title D
Name STRASSER, SCOTT
Address 1042 N US HWY 1 SUITE 15
City-State-Zip: ORMOND BEACH FL 32174

Title D
Name MILLER, SANFORD
Address 444 SEABREEZE BLVD #1002
City-State-Zip: DAYTONA BEACH FL 32118

Title D
Name COLLYER, BRYAN
Address 1042 N US HWY 1 SUITE 15
City-State-Zip: ORMOND BEACH FL 32174

Title D
Name DOWST, MARK
Address 2050 JOHN ANDERSON DRIVE
City-State-Zip: ORMOND BEACH FL 32174

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: GINA STRASSER

MANAGER

02/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date