

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000090030

**Entity Name:** STRAY HOLDINGS, LLC

**Current Principal Place of Business:**

1219 NW 10TH AVENUE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

C/O ATTORNEY CHRISTIAN A. STRAILE  
P.O. BOX 5355  
GAINESVILLE, FL 32627

**FEI Number:** 26-3461271

**Certificate of Status Desired:** No

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

STRAILE, CHRISTIAN A  
1219 NW 10TH AVENUE  
GAINESVILLE, FL 32601 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 STRAILE, MICHELLE C  
Address 1219 NW 10TH AVENUE  
City-State-Zip: GAINESVILLE FL 32601

Title MGRM  
Name STRAILE, CHRISTIAN A  
Address 1219 NW 10TH AVENUE  
City-State-Zip: GAINESVILLE FL 32601

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTIAN A. STRAILE

MGRM

05/01/2013

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

\_\_\_\_\_  
Date