

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000130822

**Entity Name:** STRIX PARTNERS, LLC

**Current Principal Place of Business:**

1234 SOUTH DIXIE HIGHWAY  
# 329  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1234 SOUTH DIXIE HIGHWAY  
# 329  
CORAL GABLES, FL 33146 US

**FEI Number:** 45-3842686

**Certificate of Status Desired:** No

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

CLAVERO, CESAR A  
1234 SOUTH DIXIE HIGHWAY  
# 329  
CORAL GABLES, FL 33146 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 CLAVERO, CESAR A  
Address 1234 SOUTH DIXIE HIGHWAY #329  
City-State-Zip: CORAL GABLES FL 33146

Title MGR  
Name CLAVERO, CESAR  
Address 1234 SOUTH DIXIE HIGHWAY  
City-State-Zip: CORAL GABLES FL 33146

Title MGR  
Name CLAVERO, CESAR  
Address 1234 SOUTH DIXIE HIGHWAY  
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Title MGR  
Name CLAVERO, CESAR  
Address 1234 SOUTH DIXIE HIGHWAY  
City-State-Zip: CORAL GABLES FL 33146

Title MGR  
Name CLAVERO, CESAR  
Address 1234 SOUTH DIXIE HIGHWAY  
City-State-Zip: CORAL GABLES FL 33146

*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:** CESAR A. CLAVERO

**MANAGING PARTNER**

**02/26/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date