

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000152896

**Entity Name:** 10440 STRIKE LLC

**Current Principal Place of Business:**

800 HARBOUR DR  
SUITE #4  
NAPLES, FL 34103

**Current Mailing Address:**

800 HARBOUR DR  
SUITE #4  
NAPLES, FL 34103 US

**FEI Number:** 30-0757161

**Certificate of Status Desired:** No

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

BLULME, CRAIG D  
800 HARBOUR DR.  
NAPLES, FL 34103 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 MGR  
Name FLORIDA FORECLOSURES II LLC  
Address 800 HARBOUR DR #4  
City-State-Zip: NAPLES FL 34103

*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:** MICHAEL T HEIDERMAN

MGR

04/30/2013

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

\_\_\_\_\_ Date