

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000189329

**Entity Name:** STRAY'S DRYWALL LLC

**Current Principal Place of Business:**

3641 LONG RD  
PANAMA CITY, FL 32409

**Current Mailing Address:**

PO BOX 400  
LYNN HAVEN, FL 32444 US

**FEI Number:** 82-2709527

**Certificate of Status Desired:** No

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

STRAY, CHRISTIE  
3641 LONG RD  
PANAMA CITY, FL 32409 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                  | Title           | AMBR                 |
| Name            | EDWARD STRAY         | Name            | STRAY, CHRISTIE      |
| Address         | 3641 LONG RD         | Address         | 3641 LONG RD         |
| City-State-Zip: | PANAMA CITY FL 32409 | City-State-Zip: | PANAMA CITY FL 32409 |

*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:** CHRISTIE STRAY

AMBR

03/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date