

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90900 041 *****55.00

DOCUMENT # L02000033873

1. Entity Name

CLAXSTRAUSS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7090 Fruitville Rd

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sarasota

City & State

City & State

FL

Zip

Country

Zip

Country

34240

SARASOTA

4. FEI Number

45-0493744

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JAMES L. TURNER

Street Address (P.O. Box Number is Not Acceptable)

200 So. Orange Ave.

City

SARASOTA

FL

Zip Code

34236

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
Everett RAYCLAYTON
7090 Fruitville Rd.
SARASOTA, FL 34240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
Robert STRAUSS
7090 Fruitville Rd.
SARASOTA, FL 34240

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/7/03

Date

941-371-1632

Daytime Phone #

CR2E083B (12/02)