2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L99000000434

1. Entity Name

STRAY GATOR STRINGS, LLC

Principal Place of Business	Mailing Address
1941 ALOMA AVENUE, SUITE 194 WINTER PARK FL 32792	1941 ALOMA AVENUE, SUITE 194 WINTER PARK FL 32792-3212

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number Applied For / ✓ Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
MUCHONEY, KELLY 1941 ALOMA AVENUE, SUITE 194 WINTER PARK FL 32792	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		**10.**	ADDITIONS/CHANGES
TITLE **MGRM** NAME **MUCHONEY, KELLY** STREET ADDRESS **191 NORTH PHELPS AVENUE** CITY-ST-ZIP **WINTER PARK FL 32789**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600003187586--1 -03/28/00--01081--015 *****50.00 *****50.00
TITLE **MGRM** NAME **STILLS, STEPHEN** STREET ADDRESS **191 NORTH PHELPS AVENUE** CITY-ST-ZIP **WINTER PARK FL 32789**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

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: _SIGNED KELLY MUCHONEY_   2/28/00   407-644-6496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #