

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008967

Entity Name: STRASSER INVESTMENTS PARCEL B, LLC**Current Principal Place of Business:**1042 N US HWY 1
SUITE 15
ORMOND BEACH, FL 32174**Current Mailing Address:**1042 N US HWY 1
SUITE 15
ORMOND BEACH, FL 32174**FEI Number:** 65-1181605**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STRASSER, CHARLES L
1030 N US HWY 1
ORMOND BEACH, FL 32174 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 D
Name STRASSER, CHARLES L
Address 1316 JOHN ANDERSON DR.
City-State-Zip: ORMOND BEACH FL 32176Title D
Name DOWST, LEE
Address 405 S.ATLANTIC AVENUE
City-State-Zip: ORMOND BEACH FL 32176Title D
Name DOWST, MARK
Address 2050 JOHN ANDERSON DRIVE
City-State-Zip: ORMOND BEACH FL 32176Title D
Name STRASSER, SCOTT
Address 434 SOUTH BEACH STREET
City-State-Zip: ORMOND BEACH FL 32174Title D
Name MILLER, SANFORD
Address 28 BROAD RIVER RD.
City-State-Zip: ORMOND BEACH FL 32174Title D
Name COLLYER, BRYAN
Address 1310 JOHN ANDERSON DRIVE
City-State-Zip: ORMOND BEACH FL 32176

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: CHARLES STRASSER

MANAGER

02/04/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date