

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053894

Entity Name: STRIX LLC

Current Principal Place of Business:

903 NW 6TH STREET
GAINESVILLE, FL 32601

Current Mailing Address:

P.O. BOX 12653
GAINESVILLE, FL 32604 US

FEI Number: 06-1783490

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POLSHEK, PETER M
1715 NW 8TH AVENUE
GAINESVILLE, FL 32603 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 MGRM
Name NYCTIBIUS LLC
Address P.O. BOX 12653
City-State-Zip: GAINESVILLE FL 32604

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: PETER POLSHEK

REGISTERED AGENT

03/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date