

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000113783

**Entity Name:** EXTREME STRAP, L.L.C.

**Current Principal Place of Business:**

C/O A A CRESPO & CO 9260 SW 72ND ST  
117  
MIAMI, FL 33173

**Current Mailing Address:**

C/O A A CRESPO & CO 9260 SW 72ND ST  
117  
MIAM1, FL 33173 US

**FEI Number:** 26-1403970

**Certificate of Status Desired:** No

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

CRESPO, ALEJANDRO A  
9260 SW 72ND STREET  
117  
MIAM1, FL 33173 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 OZAR, GUILLERMO A  
Address 9260 SW 72ND STREET SUITE #117  
City-State-Zip: MIAM1 FL 33173

Title MGRM  
Name ARRAYAGO FRANCO, AXEL A  
Address 9260 SW 72ND STREET SUITE #117  
City-State-Zip: MIAM1 FL 33173

Title MGR  
Name ABREU, LUIS G  
Address 835 SE ROULETTE LINE  
City-State-Zip: PORT ST LUCIE FL 35983

*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:** GUILLERMO A. OZAR

**MEMBER/MANAGER**

**01/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date