	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 [,] STEVEN STRICKI ER	MANAGER	04/17/2019				

SIGNATURE: STEVEN STRICKLER

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

STRICKLER, STEVEN J 4176 CANAL STREET FT. MYERS, FL 33916 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:	STEVEN J STRICKLER			04/17/2019
	Electronic Signature of Registered Agent			Date
Authorized Pe	erson(s) Detail :			
Title M	MGRM	Title	MGRM	
Name S	STRICKLER, DANIEL	Name	STRICKLER, STEVEN	
Address 4	4176 CANAL STREET	Address	4176 CANAL STREET	
City-State-Zip: F	FT. MYERS FL 33916	City-State-Zip:	FT. MYERS FL 33916	

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026331

Entity Name: STRICKLER BROTHERS, LLC

Current Principal Place of Business:

4176 CANAL STREET FT. MYERS, FL 33916

Current Mailing Address:

4176 CANAL STREET FT. MYERS. FL 33916

FEI Number: 26-2396660

Date

FILED Apr 17, 2019 Secretary of State 0196272565CC

Certificate of Status Desired: No

MANAGER