

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000089053

**Entity Name:** IR STRATEGIES, LLC

**Current Principal Place of Business:**

101 E. COLLEGE AVE  
SUITE 502  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

101 E. COLLEGE AVE  
SUITE 502  
TALLAHASSEE, FL 32301 US

**FEI Number:** 46-0592029

**Certificate of Status Desired:** No

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

IAROSSI, NICHOLAS VIII  
101 E. COLLEGE AVE  
SUITE 502  
TALLAHASSEE, FL 32301 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 MGR  
Name IAROSSI, NICHOLAS VIII  
Address 4556 GROVE PARK DR  
City-State-Zip: TALLAHASSEE FL 32311

Title MGR  
Name ROSS, SCOTT L  
Address 2501 TWAIN DRIVE  
City-State-Zip: TALLAHASSEE FL 32311

*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:** NICHOLAS V IAROSSI, III

**MEMBER**

**03/10/2015**

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

\_\_\_\_\_  
Date