

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000183065

**Entity Name:** FRAY, LLC

**Current Principal Place of Business:**

550 BILTMORE WAY  
PH 2-A&B  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O TEAM OTERO  
550 BILTMORE WAY, PH2-A&B  
CORAL GABLES, FL 33134 US

**FEI Number:** 36-4801250

**Certificate of Status Desired:** No

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

AGE RE SERVICES, LLC  
3162 COMMODORE PLAZA  
SUITE 3E  
COCONUT GROVE, FL 33133 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 ALMANAZAR, RAMON D  
Address C/O TEAM OTERO  
550 BILTMORE WAY, PH2-A&B  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name ALMANAZAR, FARY  
Address C/O TEAM OTERO  
550 BILTMORE WAY, PH2-A&B  
City-State-Zip: CORAL GABLES FL 33134

*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:** ALMANAZAR , RAMON D

**MANAGER**

**04/20/2015**

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

\_\_\_\_\_  
Date