

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000183065

**Entity Name:** FRAY, LLC

**Current Principal Place of Business:**

C/O FARY ALMANZAR  
335 S. BISCAYNE BLVD. APT.1812  
MIAMI, FL 33131

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC3494573018**

**Current Mailing Address:**

C/O TEAM OTERO  
550 BILTMORE WAY PENTHOUSE 2B  
CORAL GABLES, FL 33134 US

**FEI Number:** 36-4801250

**Certificate of Status Desired:** No

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

ALMANZAR, FARY  
C/O FARY ALMANZAR  
335 S. BISCAYNE BLVD. APT.1812  
MIAMI, FL 33131 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:** FARY ALMANZAR

04/28/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ALMANZAR, RAMON D  
Address 550 BILTMORE WAY, PH 2-A&B  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name ALMANZAR, FARY  
Address 550 BILTMORE WAY, PH 2-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:** FARY ALMANZAR

**MANAGER**

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date