

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000113284

**Entity Name:** SHOPPES ON STRAWBRIDGE, LLC

**Current Principal Place of Business:**

815 E STRAWBRIDGE AVE  
MELBOURNE, FL 32901

**Current Mailing Address:**

815 E STRAWBRIDGE AVE  
MELBOURNE, FL 32901 US

**FEI Number:** 47-4458227

**Certificate of Status Desired:** Yes

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

KROMASH, KEITH S ESQ  
NASH & KROMASH, LLP  
440 SOUTH BABCOCK STREET  
MELBOURNE, FL 32901 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           | MEM                  | Title           | MGR                  |
| Name            | GRIMALDI, CAROLINE M | Name            | GRIMALDI, CAROLINE M |
| Address         | 1753 SHOREVIEW DR    | Address         | 1753 SHOREVIEW DR    |
| City-State-Zip: | INDIALANTIC FL 32903 | City-State-Zip: | INDIALANTIC FL 32903 |

*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:** CAROLINE GRIMALDI

**OWNER**

**03/29/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date