

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000131420

**Entity Name:** MCCRIS LLC

**Current Principal Place of Business:**

481 HARBOR DR. S.  
INDIAN ROCK BEACH, FL 33785

**Current Mailing Address:**

481 HARBOR DR. S.  
INDIAN ROCK BEACH, FL 33785 US

**FEI Number:** 47-4724631

**Certificate of Status Desired:** No

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

THOMAS O. MICHAELS, P.A.  
1370 PINEHURST RD.  
DUNEDIN, FL, FL 34698 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 AMBR  
Name MCMULLEN, THOMAS W  
Address 481 HARBOR DR. S.  
City-State-Zip: INDIAN ROCKS BEACH FL 33785

Title AMBR  
Name CRISLER, ELIZABETH P  
Address 481 HARBOR DR. S.  
City-State-Zip: INDIAN ROCKS BEACH FL 33785

*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:** THOMAS W MCMULLEN

AMBR

04/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date