

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000099983

Entity Name: PRYOR FINANCIAL LLC**Current Principal Place of Business:**7901 4TH ST N
STE 300
ST. PETERSBURG,, FL 33702**Current Mailing Address:**7901 4TH ST N
STE 300
ST. PETERSBURG,, FL 33702 UN**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC
7901 4TH ST N
STE 300
ST. PETERSBURG,, FL 33702 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:** REGISTERED AGENTS INC

04/02/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PRYOR, COCHISE L MR.
Address 7901 4TH ST N
City-State-Zip: ST. PETERSBURG FL 33702

Title AMBR
Name GRAY, SCHARRON MRS.
Address 7901 4TH ST N
City-State-Zip: ST. PETERSBURG FL 33702

Title AMBR
Name WILLIAMS, CLAYTON MR.
Address 7901 4TH ST N
City-State-Zip: ST. PETERSBURG FL 33702

Title AMBR
Name WASHINGTON, XAVIER MR.
Address 7901 4TH ST N
City-State-Zip: ST. PETERSBURG FL 33702

Title AMBR
Name CONTE, CARMELA MRS.
Address 7901 4TH ST N
City-State-Zip: ST. PETERSBURG FL 33702

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: COCHISE L PRYOR

MANAGER

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date