## **2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000002967

Entity Name: CIT FINANCE LLC

**Current Principal Place of Business:** 

1 CIT DRIVE

LIVINGSTON, NJ 07039

**Current Mailing Address:** 

1 CIT DRIVE, #2108-A LIVINGSTON. NJ 07039 US

FEI Number: 45-2104840 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

Authorized Person(s) Detail :

Title MGR Title MGR

Name MCAVOY, SARAH Name SEUFERT, LINDA M

Address 11 WEST 42ND STREET Address 1 CIT DRIVE

City-State-Zip: NEW YORK NY 10036 City-State-Zip: LIVINGSTON NJ 07039

Title MANAGER Title PRESIDENT

Name SHANAHAN, JAMES P Name ALEMANY, ELLEN R.

Address 1 CIT DRIVE Address 11 WEST 42ND STREET

City-State-Zip: LIVINGSTON NJ 07039 City-State-Zip: NEW YORK NY 10036

Title AUTHORIZED REPRESENTATIVE

Name NASSANEY, KATHLEEN

Address 1 CIT DRIVE

City-State-Zip: LIVINGSTON NJ 07039

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: KATHLEEN NASSANEY

AUTHORIZED REPRESENTATIVE 04/30/2019

FILED Apr 30, 2019

**Secretary of State** 

2501583605CC

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date