

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90149 014 ***138.75

DOCUMENT # L00000010217

1. Entity Name
CHRISCO, LLC



Principal Place of Business

~~1700 SE 17TH STREET~~
~~#300~~
OCALA, FL 34471

1720 SE 16th Ave, #200

Mailing Address

~~1700 SE 17TH STREET~~
~~#300~~
OCALA, FL 34471

1720 SE 16th Ave, #200

60018863



DO NOT WRITE IN THIS SPACE

02082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
59-3709729

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOYD III, ROY T
1720 SE 16TH AVE
BLDG 200
OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BOYD III, ROY T
1720 SE 16TH AVE BLDG 200
OCALA, FL 344741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Roy T Boyd III

2-18-08 352-861-2248