

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000079531

1. Entity Name
CRYSLER FINANCIAL, LLC



FILED
2007 APR 13 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7 E. SILVER SPRINGS BLVD.
SUITE 502
OCALA, FL 34470 US

Mailing Address
7 E. SILVER SPRINGS BLVD.
SUITE 502
OCALA, FL 34470 US



2. Principal Place of Business - No P.O. Box #
7 E. Silver Springs Blvd
Suite, Apt. #, etc.
- 502

3. Mailing Address
7 E. Silver Springs
Suite, Apt. #, etc.
502

04112007 Chg-LLC CR2E083 (12/06)

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number
20-5360779

Applied For
Not Applicable

Zip
34470

Country
Marion

Zip
34470

Country
Marion

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

6. Name and Address of Current Registered Agent

KING, WILLIAM A ESQUIRE
1531 SE 36TH AVENUE
OCALA, FL 34471

7. Name and Address of New Registered Agent

Name
Bradley P Henderson
Street Address (P.O. Box Number is Not Acceptable)
7 E. Silver Springs Blvd
Suite 502
City
Ocala, FL
FL Zip Code
34470

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
DOWNEY, JASON
STREET ADDRESS
7 E. SILVER SPRINGS BLVD., SUITE 502
CITY-ST-ZIP
OCALA, FL 34470
Delete ☐ 30%

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐ Change ☐ Addition
900097292389
04/18/07--01005--001 **\$5.00

TITLE
NAME
MGRM
CRYSLER, BRANDON
STREET ADDRESS
7 E. SILVER SPRINGS BLVD., SUITE 502
CITY-ST-ZIP
OCALA, FL 34470
Delete ☐ 40%

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐ Change ☐ Addition

TITLE
NAME
MGRM
HENDERSON Bradley
STREET ADDRESS
7 E. Silver Springs Blvd Suite 502
CITY-ST-ZIP
Ocala, FL
Delete ☐ 30%

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #