

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90021 011 \*\*\*138.75

**DOCUMENT # M01000000595**

1. Entity Name  
**MERCURY FINANCE COMPANY LLC**



Principal Place of Business  
**16355 LAGUNA CANYON ROAD  
IRVINE, CA 92618**

Mailing Address  
**P.O. BOX 57071  
IRVINE, CA 92619**

**60031216**



**DO NOT WRITE IN THIS SPACE**

04282008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**36-4424181**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CASE, HEATHER  
2605 MAITLAND CENTER PARKWAY  
SUITE A  
MAITLAND, FL 32751**

**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 \_\_\_\_\_

**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  
**MGR  
BRADLEY, CHARLES E JR  
16355 LAGUNA CANYON ROAD  
IRVINE, CA 92618**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ASVP  
RIEDL, ROBERT E  
16355 LAGUNA CANYON ROAD  
IRVINE, CA 92618**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPS  
CREATURA, MARK  
16355 LAGUNA CANYON ROAD  
IRVINE, CA 92618**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ASVP  
TERRY, CHRISTOPHER  
16355 LAGUNA CANYON ROAD  
IRVINE, CA 92618**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ASVP  
BHARWANI, DENESH  
16355 LAGUNA CANYON ROAD  
IRVINE, CA 92618**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
ZLATOS, FRANK  
119 E. ODGEN  
HINSDALE, IL 60521**

*Please  
see  
attached  
list.*

**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

*4-28-2008*

Date

*944-753-6800*

Daytime Phone #