

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000010985

**Entity Name:** SCHISSLER, L.L.C.**Current Principal Place of Business:**619 PITTS BAYSHORE DR.  
FREEPORT, FL 32439**Current Mailing Address:**P.O. BOX 288  
FREEPORT, FL 32439 US**FEI Number:** 20-0725098**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHISSLER, FRANK  
619 PITTS BAYSHORE DR.  
FREEPORT, FL 32439 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\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	SCHISSLER, FRANK	Name	SCHISSLER, GEORGE
Address	619 PITTS BAYSHORE DR.	Address	415 WATERCOVE DR.
City-State-Zip:	FREEPORT FL 32439	City-State-Zip:	FREEPORT FL 32439
Title	MGRM		
Name	SCHISSLER, WILLIAM		
Address	349 MITCHELL AVE. E		
City-State-Zip:	SANTA ROSA BEACH FL 32459		

*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:** GEORGE SCHISSLER

MANAGER

01/28/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date