

**2015 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  
Name SCHISSLER, FRANK  
Address 619 PITTS BAYSHORE DR.  
City-State-Zip: FREEPORT FL 32439

Title MGRM  
Name SCHISSLER, GEORGE  
Address 489 WATERCOVE DR.  
City-State-Zip: FREEPORT FL 32439

Title MGRM  
Name SCHISSLER, WILLIAM  
Address 244 E. MAIN ST.  
City-State-Zip: FREEPORT FL 32439

*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

MGRM

02/25/2015

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

\_\_\_\_\_  
Date