

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000106818

**Entity Name:** JASON CHRYSLER LLC

**Current Principal Place of Business:**

141 N.T. SMITH RD  
SOPCHOPPY, FL 32358

**Current Mailing Address:**

P O BOX 552  
CRAWFORDVILLE, FL 32326 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHRYSLER, JASON  
141 N T SMITH RD  
SOPCHOPPY, FL 32326 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 CHRYSLER, JASON  
Address 141 N T SMITH RD  
City-State-Zip: SOPCHOPPY FL 32326

*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:** JASON CHRYSLER

MGRM

04/27/2015

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

\_\_\_\_\_  
Date