

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000021488

**FILED**  
**Jan 11, 2015**  
**Secretary of State**  
**CC2212500531**

**Entity Name:** LOUISE PRISTER SELF DIRECTED IRA LLC

**Current Principal Place of Business:**

4524 VARSITY CIRCLE  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

7 PINE HILL CT  
DAYTON, NJ 08810 US

**FEI Number:** 26-4463206

**Certificate of Status Desired:** No

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

PRISTER, LOUISE I  
4524 VARSITY CIRCLE  
SUITE 110  
LEHIGH ACRES, FL 33971 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	MGR	Title	MR
Name	PRISTER, LOUISE I	Name	PRISTER, ALEC A
Address	7 PINE HILL CT	Address	7 PINE HILL CT
City-State-Zip:	DAYTON FL 08810	City-State-Zip:	DAYTON NJ 08810

*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:** PRISTER LOUISE I

**MANAGER**

**01/11/2015**

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

\_\_\_\_\_  
Date