# 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037668

Entity Name: CUSTOM ACCOUNTING SOLUTIONS, LLC

### **Current Principal Place of Business:**

12 POINTE CIRCLE SANTA ROSA BEACH, FL 32459

# **Current Mailing Address:**

PO BOX 1481 SANTA ROSA BEACH, FL 32459

# FEI Number: 84-1464547

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

MOTT, ELAINE 12 POINTE CIRCLE SANTA ROSA BEACH, FL 32459 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

## Authorized Person(s) Detail :

TitleMGRMNameMOTT, ELAINEAddress12 POINTE CIRCLECity-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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELAINE MOTT

MANAGING MEMBER 0

04/17/2013 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 17, 2013 Secretary of State CC5450655952

Certificate of Status Desired: No

Date