

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044806

Entity Name: BERGER, TOOMBS, ELAM, GAINES & FRANK CERTIFIED
PUBLIC ACCOUNTANTS, PL

FILED
Jan 25, 2023
Secretary of State
9321971404CC

Current Principal Place of Business:

600 CITRUS AVE.
SUITE 200
FORT PIERCE, FL 34950

Current Mailing Address:

600 CITRUS AVE.
SUITE 200
FORT PIERCE, FL 34950

FEI Number: 20-1277979

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELAM, JAMES H MGR
600 CITRUS AVENUE
SUITE 200
FORT PIERCE, FL 34950 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: JAMES H ELAM

01/25/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name J.W. GAINES & ASSOCIATES
CHARTERED
Address 600 CITRUS AVE. SUITE 200
City-State-Zip: FORT PIERCE FL 34950

Title AUTHORIZED MEMBER
Name TOOMBS, NORMAN
Address 600 CITRUS AVE.
SUITE 200
City-State-Zip: FORT PIERCE FL 34950

Title AUTHORIZED MEMBER
Name ELAM, JAMES
Address 600 CITRUS AVE.
SUITE 200
City-State-Zip: FORT PIERCE FL 34950

Title AUTHORIZED MEMBER
Name FRANK, BRITT
Address 600 CITRUS AVE.
SUITE 200
City-State-Zip: FORT PIERCE FL 34950

Title AUTHORIZED MEMBER
Name MCGUIRE, DAVID
Address 600 CITRUS AVE.
SUITE 200
City-State-Zip: FORT PIERCE FL 34950

Title AUTHORIZED MEMBER
Name GONANO, MATTHEW
Address 600 CITRUS AVE.
SUITE 200
City-State-Zip: FORT PIERCE FL 34950

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: NORMAN TOOMBS

AUTHORIZED MEMBER

01/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date