

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000044806

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

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC2112241503**

**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:**

BERGER, TOOMBS, ELAM & FRANK CPA'S  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |   |                 |                                       |
|-----------------|---|-----------------|---------------------------------------|
| Title           | MGRM  | Title           | MGRM                                  |
| Name            | BERGER, TOOMBS, ELAM & FRANK<br>CPA'S CHARTER | Name            | J.W. GAINES & ASSOCIATES<br>CHARTERED |
| Address         | 600 CITRUS AVE. SUITE 200                     | Address         | 600 CITRUS AVE. SUITE 200             |
| City-State-Zip: | FORT PIERCE FL 34950                          | 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**

**DIRECTOR**

**01/10/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date