

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000115970

**Entity Name:** A. SIMMONS ACCOUNTING LLC

**Current Principal Place of Business:**

1629 TORRINGTON CIRCLE  
LONGWOOD, FL 32750

**Current Mailing Address:**

1629 TORRINGTON CIRCLE  
LONGWOOD, FL 32750 US

**FEI Number:** 32-0227808

**Certificate of Status Desired:** No

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

SIMMONS, ANN  
1629 TORRINGTON CIRCLE  
LONGWOOD, FL 32750 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  
Name SIMMONS, ANN  
Address 1629 TORRINGTON CIRCLE  
City-State-Zip: LONGWOOD FL 32750

*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:** ANN SIMMONS

MGR

01/02/2014

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

\_\_\_\_\_ Date