

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000047661

Entity Name: AUTOMATED ACCOUNTS, LLC

Current Principal Place of Business:

1029 DELACROIX CIRCLE
NOKOMIS, FL 34275

Current Mailing Address:

P.O. BOX 1460
NOKOMIS, FL 34274

FEI Number: 27-0185118

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAUDENSLAGER, JOHN P
1029 DELACROIX CIRCLE
NOKOMIS, FL 34275 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
Name LAUDENSLAGER, JANET
Address P.O. BOX 1460
City-State-Zip: NOKOMIS FL 34274

Title MGRM
Name LAUDENSLAGER, JOHN P
Address P.O. BOX 1460
City-State-Zip: NOKOMIS FL 34274

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: JOHN P LAUDENSLAGER

MM

04/20/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date