## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000056757

Entity Name: GOEDE & ADAMCZYK, PLLC

#### Current Principal Place of Business:

8950 FONTANA DEL SOL WAY SUITE 100 NAPLES, FL 34109

## **Current Mailing Address:**

8950 FONTANA DEL SOL WAY SUITE 100 NAPLES, FL 34109 US

## FEI Number: 27-2720517

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

ADAMCZYK, MARK ESQ 8950 FONTANA DEL SOL WAY SUITE 100 NAPLES, FL 34109 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:                    | MARK ADAMCZYK                            |                 |                    | 04/16/2013 |
|                               | Electronic Signature of Registered Agent |                 |                    | Date       |
| Authorized Person(s) Detail : |  |                 |                    |            |
| Title                         | MGRM                                     | Title           | MGRM               |            |
| Name                          | ADAMCZYK, MARK ESQ                       | Name            | GOEDE, JOHN C ESQ. |            |
| Address                       | 4213 SNOWBERRY LANE                      | Address         | 5971 BUR OAKS LANE |            |
| City-State-Zip:               | NAPLES FL 34119                          | City-State-Zip: | NAPLES FL 34119    |            |
|                               |  |                 |                    |            |

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.

MGRM

## SIGNATURE: JOHN C. GOEDE, ESQUIRE

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Apr 16, 2013 Secretary of State CC1640453987

Certificate of Status Desired: No

04/16/2013 Date