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. 03/31/2014

MANAGER

SIGNATURE: RICHARD HOFFMANN

Electronic Signature of Signing Authorized Person(s) Detail

CAPE CORAL, FL 33993

Current Principal Place of Business:

Entity Name: RICHARD HOFFMANN, CPS, LLC

Current Mailing Address:

1717 NW 11TH AVE.

DOCUMENT# L13000069685

110 NE 2ND PL., SUITE 303 #170 CAPE CORAL, FL 33909

FEI Number: 46-2719133

Name and Address of Current Registered Agent:

HOFFMANN, KATHRYN 1717 NW 11TH AVE. CAPE CORAL, FL 33993 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:

Authorized Person(s) Detail :

Electronic Signature of Registered Agent

Title	MGR	Title	MGRM
Name	HOFFMANN, RICHARD	Name	HOFFMANN, KATHRYN
Address	110 NE 2ND PL, SUITE 303 #170	Address	110 NE 2ND PL, SUITE 303 #170
City-State-Zip:	CAPE CORAL FL 33993	City-State-Zip:	CAPE CORAL FL 33993

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 31, 2014 Secretary of State CC9710918247

Date

Certificate of Status Desired: No

Date