

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000003514

Entity Name: CORRIGAN, KRAUSE, HARRISON, LONG, HARSAR, CPA'S LLC**Current Principal Place of Business:**2055 CROCKER RD SUITE 300
WESTLAKE, OH 44145-1993**Current Mailing Address:**2055 CROCKER RD SUITE 300
WESTLAKE, OH 44145-1993 US**FEI Number: 37-1574855****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'TOOLE, TIM
C/O VESTAL & WILER
201 E. PINE STREET SUITE 801
ORLANDO, FL 32801 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	KRAUSE, THOMAS W
Address	2055 CROCKER RD SUITE 300
City-State-Zip:	WESTLAKE OH 44145-1993

Title	MGR
Name	HARRISON, THOMAS L
Address	2055 CROCKER RD SUITE 300
City-State-Zip:	WESTLAKE OH 44145-1993

Title	MGR
Name	LONG, DAVID FRANK
Address	2055 CROCKER RD SUITE 300
City-State-Zip:	WESTLAKE OH 44145-1993

Title	MGR
Name	HARSAR, ALBERT S
Address	2055 CROCKER RD SUITE 300
City-State-Zip:	WESTLAKE OH 44145-1993

Title	MGR
Name	STINN, MARY R
Address	2055 CROCKER RD SUITE 300
City-State-Zip:	WESTLAKE OH 44145-1993

Title	MGR
Name	DOLAND, LYNDIA D
Address	2055 CROCKER RD SUITE 300
City-State-Zip:	WESTLAKE OH 44145-1993

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: MARY R. STINN**DIRECTOR****01/17/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date