

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90275 049 ****50.00

DOCUMENT # L00000015336

1. Entity Name

CPA WEALTH INVESTMENTS, LLC



Principal Place of Business

215 BAYTREE DRIVE
MELBOURNE, FL 32940

Mailing Address

215 BAYTREE DRIVE
MELBOURNE, FL 32940

20028152



02122005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3685525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRK, THOMAS L
215 BAYTREE DRIVE
MELBOURNE, FL 32940

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KIRK, THOMAS L
215 BAYTREE DRIVE
MELBOURNE, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HOYMAN, CHARLES W JR.
215 BAYTREE DRIVE
MELBOURNE, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
OSWALT, BARBARA J
215 BAYTREE DRIVE
MELBOURNE, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Charles W. Hoyman, Jr.
Hoyman, Sons & Co., P.A.

4-6-2005 321-255-0088

Date

Daytime Phone #