## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000002844

1. Entity Name

## CONDOMINIUM AND HOMEOWNERS ACCOUNTING, LLC



## **FILED** Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90322 006 \*\*\*\*50.00

Part					WE I'M
JENSEN BEACH FL 9687  2. Principal Place of Business  3. Malfring Address  City & State  City & Stat	Principal Plac	ce of Business	Mailing Address		
Suite, Apt. 4 etc.   Suite, Apt. 6, atc.   CheCk HERE IF MAKING CHANSES  City & State   City & State   City & State   City & State   A. FEI Number   Applied For   Not Applicable   A. FEI Number   Applied For   Not Applicable   State   A. FEI Number   Applicable   A. FEI Number   Applied For   Not Applicable   A. FEI Number   Applied For   Not Applicable   A. FEI Number   Applied For   Not Applicable   Applied For   Not Applied For   Not Applicable   Applied For   Not Applied For	I			3-0065	GE GYINNY
City & State  Country	2. Principal Place of Business		3. Mailing Address		
Zp Country Zp Country Zp Country S. S 0.4   89.40   Status Desired   \$5.00 Additional   \$5.00 Additional	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
BRECHBILL, MARK E CPA 506 S. FEDERAL HIGHWAY SUITE 202 STUART FL 34994  6. The above named analy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida State of Florida State of Florida State of Florida	City & Stat	е	City & State		
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BRECHBILL, MARK E CPA 506 S. FEDERAL HIGHWAY SUITE 202 STUART FL 34994  City FL Zip Code  City FL Zip		6. Name and Address of	f Current Registered Agent		·
Size Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  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, juest or proved rame of registered agent and title registered by the obligations of registered agent and title agent agent and title registered agent and title agent agent and title registered agent agent and title agent agent and title registered agent and title agent agent agent agent and title registered agent and title agent age				Name	
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8. The above named entity submits this statement for the purpose of changing its 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 are: the if applicable.   (P.OTE Ragistered Agent separative recurred when reneating)   OATE	STU	ART FL 34994		-	
SIGNATURE   Signature to provided represented agent and title if applicable.   Profite Registered Agent signature recursion(iii)   QATE				City	FL Zip Code
Signature, typeed or printed name of registered eight and tire if applicable. (NOTE: Projection Apen sequence and when removaling)  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  TITLE MARE SHEA, BARBARA P.O. BOX 65 JENSEN BEACH FL 34958-0065  TITLE NOME SIRET ADDRESS JENSEN BEACH FL 34958-0065  TITLE NOME SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-ZIP  TITLE NAME SIRET A	8. The above the obligati	named entity submits this sta ions of registered agent.	tement for the purpose of changing it	s registered office or	r registered agent, or both, in the State of Florida. I am familiar with, and accept
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