

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000006575

Entity Name: JOHN S. PRINZ, CPA, LLC

**FILED**  
**Jan 08, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2934 N.E. LOQUAT LANE  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 644  
JENSEN BEACH, FL 34958

**New Mailing Address:**

FEI Number: 61-1444850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PRINZ, JOHN S  
2934 N.E. LOQUAT LANE  
JENSEN BEACH, FL 34957 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PRINZ, JOHN S  
Address: 2934 NE LOQUAT LANE  
City-St-Zip: JENSEN BEACH, FL 34957

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: JOHN S. PRINZ

MGRM

01/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date