

FILED
Jan 18, 2006 08:00 AM
Secretary of State

1. Entity Name
CPA WEALTH MANAGEMENT, LLC



Mailing Address
PO BOX 810
OSPREY, FL 34229

DO NOT WRITE IN THIS SPACE



CR2E083 (11/05)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

SNYDER, C. JACK
2147 S. TAMiami TRAIL
OSPREY, FL 34229

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IN THIS SPACE**

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, 2006

TITLE	MGMR
NAME	CYPRESS FINANCIAL SERVICES, INC.
STREET ADDRESS	2147 S. TAMiami TRAIL
CITY - ST - ZIP	OSPREY, FL 34229

TITLE
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CITY - ST - ZIP

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CITY-ST-ZIP

01/23/06--R0016-002 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: C. Jack Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone #

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