

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 11 PM 4:50

DOCUMENT # L04000092669

1. Entity Name  
LAURA ROESCH, CPA, PLLC



Principal Place of Business  
83 JOHN SIMS PKWY  
VALPARAISO, FL 32580 US

Mailing Address  
83 JOHN SIMS PKWY  
VALPARAISO, FL 32580 US

**DO NOT WRITE IN THIS SPACE**



03072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
56-2418349

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROESCH, LAURA  
83 JOHN SIMS PKWY  
VALPARAISO, FL 32580

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ROESCH, LAURA L  
83 JOHN SIMS PKWY  
VALPARAISO, FL 32580

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

200123073672  
04/11/08--01051--001 \*\*138.50

200123073672  
04/11/08--01051--002 \*\*0.25

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

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

3/8/08

Date

8508970000

Daytime Phone #