

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000122344

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** STEVEN L. LINDSEY CPA & ASSOCIATES, LLC

**Current Principal Place of Business:**

15205 COLLIER BLVD.  
STE. 105  
NAPLES, FL 34119

**New Principal Place of Business:**

15205 COLLIER BLVD.  
STE. 107  
NAPLES, FL 34119

**Current Mailing Address:**

15205 COLLIER BLVD.  
STE. 105  
NAPLES, FL 34119

**New Mailing Address:**

15205 COLLIER BLVD.  
STE. 107  
NAPLES, FL 34119

**FEI Number:** 20-3990692

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LINDSEY, STEVEN L  
15205 COLLIER BLVD.  
STE. 105  
NAPLES, FL 34119 US

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

LINDSEY, STEVEN L  
15205 COLLIER BLVD.  
STE. 107  
NAPLES, FL 34119 US

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: \_\_\_\_\_

04/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LINDSEY, STEVEN L  
Address: 15205 COLLIER BLVD. STE. 107  
City-St-Zip: NAPLES, FL 34119 US

I hereby 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: STEVEN L. LINDSEY

MGR

04/12/2012

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