

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000033597

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** MANIAR, MILLER & WECHSLER CPA'S, LLC

**Current Principal Place of Business:**

2855 N. UNIVERSITY DRIVE,  
SUITE 600  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

2855 N. UNIVERSITY DRIVE,  
SUITE 600  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 20-8746114

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAJU MANIAR CPA PA  
2855 N. UNIVERSITY DRIVE,  
SUITE 600  
CORAL SPRINGS, FL 33065 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  
Name: RAJU MANIAR CPA PA  
Address: 2855 N. UNIVERSITY DRIVE, SUITE 600  
City-St-Zip: TAMARAC, FL 33321

Title: MGRM  
Name: JACK C MILLER CPA PA  
Address: 2855 N. UNIVERSITY DRIVE, SUITE 600  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM  
Name: CAROL WECHSLER CPA PA  
Address: 2855 N. UNIVERSITY DRIVE, SUITE 600  
City-St-Zip: CORAL SPRINGS, FL 33065

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: NMANAIR

MGR

04/06/2010

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