

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000045441

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** KATHY HENDRICKSON, C.P.A., P.L.

**Current Principal Place of Business:**

5126 NW 24TH TERRACE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

5126 NW 24TH TERRACE  
GAINESVILLE, FL 326056224

**Current Mailing Address:**

P.O. BOX 5546  
GAINESVILLE, FL 326275546

**New Mailing Address:**

**FEI Number:** 45-4217173

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENDRICKSON, KATHY  
5126 NW 24TH TERRACE  
GAINESVILLE, FL 32605 US

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

HENDRICKSON, KATHY  
5126 NW 24TH TERRACE  
GAINESVILLE, FL 326056224 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:

01/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HENDRICKSON, KATHY  
Address: 5126 NW 24TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

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: KATHY HENDRICKSON

MGR

01/10/2012

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