

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000048664

Entity Name: HH - CPA, LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4966 WILD HERON WAY  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

4966 WILD HERON WAY  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number: 14-2009153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NILES, MARY A  
4966 WILD HERON WAY  
JACKSONVILLE, FL 32225 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: MGR  
Name: NILES, MARY  
Address: 4966 WILD HERON WAY  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR  
Name: NILES, GORDON R  
Address: 4966 WILD HERON WAY  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM  
Name: NILES, MARY ANN TRUSTEE  
Address: 4966 WILD HERON WAY  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM  
Name: NILES, GORDON TRUSTEE  
Address: 4966 WILD HERON WAY  
City-St-Zip: JACKSONVILLE, FL 32225

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: MARY NILES

MGR

01/05/2010

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