

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000126722

**Entity Name:** THOMAS F. REILLY, CPA, LLC

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

**Current Principal Place of Business:**

601 NORTH FERN CREEK AVE.  
SUITE 200  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

601 NORTH FERN CREEK AVE.  
SUITE 200  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:** 26-1631445

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REILLY, THOMAS F  
601 NORTH FERN CREEK AVE.  
SUITE 200  
ORLANDO, FL 32803 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: REILLY, THOMAS F  
Address: 601 NORTH FERN CREEK AVE.  
City-St-Zip: ORLANDO, FL 32803

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: THOMAS F. REILLY

MGR

01/05/2010

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