

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080079

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: WALLY V CORDELL CPA LLC

**Current Principal Place of Business:**

8144 NEW JERSEY BLVD  
FORT MYERS, FL 33967

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1357  
ESTERO, FL 33928 13

**New Mailing Address:**

PO BOX 1357  
ESTERO, FL 339291357

FEI Number: 65-1069696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORDELL, WALLY V  
8144 NEW JERSEY BLVD  
FORT MYERS, FL 33967 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 ( ) Delete  
Name: CORDELL, WALLY V  
Address: PO BOX 1357  
City-St-Zip: ESTERO, FL 33928 13

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CORDELL, WALLY V  
Address: PO BOX 1357  
City-St-Zip: ESTERO, FL 339291357

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WALLY V CORDELL

CPA

03/20/2009

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