

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000090284

Entity Name: MASSIE & REILLY, CPA'S, PLLC

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

15671 SAN CARLOS BLVD STE 201  
FT MYERS, FL 33906

**New Principal Place of Business:**

**Current Mailing Address:**

15671 SAN CARLOS BLVD STE 201  
FT MYERS, FL 33906

**New Mailing Address:**

FEI Number: 27-0883988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHARLES ABELS MASSIE CPA PA  
15671 SAN CARLOS BLVD STE 201  
FT MYERS, FL 33906 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: CHARLES ABELS MASSIE CPA PA  
Address: 15671 SAN CARLOS BLVD STE 201  
City-St-Zip: FT MYERS, FL 33906

Title: MGRM  
Name: BARBARA A REILLY CPA PA  
Address: 15671 SAN CARLOS BLVD STE 201  
City-St-Zip: FT MYERS, FL 33906

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: CHARLES A MASSIE

MGMR

04/25/2012

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