

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000108423

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Entity Name:** GIVENS CPA GROUP PL

**Current Principal Place of Business:**

13720 CYPRESS TERRACE CIR  
STE 303  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

13720 CYPRESS TERRACE CIR  
STE 303  
FORT MYERS, FL 33907 US

**New Mailing Address:**

**FEI Number:** 45-3360294

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIVENS, NANCY  
5243 SW 3RD AVE  
CAPE CORAL, FL 33914 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: GIVENS, NANCY  
Address: 5243 SW 3RD AVE  
City-St-Zip: CAPE CORAL, FL 33914 US

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: NANCY GIVENS

MGRM

01/27/2012

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