

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000112248

FILED
Jan 05, 2012
Secretary of State

Entity Name: NORTHWEST FLORIDA ACCOUNTING SERVICES, LLC

Current Principal Place of Business:

500 WEST 19TH STREET
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 459
PANAMA CITY, FL 32402

New Mailing Address:

FEI Number: 45-4001409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, SAMUEL T
460 GRACE AVENUE
PANAMA CITY, FL 32401 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: ADAMS, SAMUEL T
Address: P.O. BOX 191
City-St-Zip: PANAMA CITY, FL 324020191

Title: MGRM
Name: HOWARD, PHILLIP T
Address: 8511 BULL HEADLEY ROAD, SUITE 405
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM
Name: LYONS, DOUGLAS S
Address: 325 NORTH CALHOUN STREET
City-St-Zip: TALLAHASSEE, FL 32301

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: SAMUEL T. ADAMS

MGRM

01/05/2012

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