

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000108002

**Entity Name:** RAYMOND C. CAHILL,C.P.A.,P.A.

**Current Principal Place of Business:**

4801 S. UNIVERSITY DRIVE  
SUITE 2080  
DAVIE, FL 33328

**Current Mailing Address:**

4801 S. UNIVERSITY DRIVE  
SUITE 2080  
DAVIE, FL 33328 US

**FEI Number:** 65-0966340

**Certificate of Status Desired:** No

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

CAHILL, JOANNE M  
272 SW 179TH AVE.  
PEMBROKE PINES, FL 33029 US

*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

**Officer/Director Detail :**

Title PD  
Name CAHILL, RAYMOND C  
Address 272 SW 179TH AVE.  
City-State-Zip: PEMBROKE PINES FL 33029

Title VSTD  
Name CAHILL, JOANNE M  
Address 272 SW 179TH AVE.  
City-State-Zip: PEMBROKE PINES FL 33029

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOANNE M CAHILL

VP

04/29/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date