

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000010802

**Entity Name:** WILSON & COMPANY C.P.A., LLC

**Current Principal Place of Business:**

2045 SEPLER DRIVE  
FERN PARK, FL 32730

**Current Mailing Address:**

2045 SEPLER DRIVE  
FERN PARK, FL 32730

**FEI Number:** 26-0062930

**Certificate of Status Desired:** No

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

WILSON, LILLIAN  
2045 SEPLER DR  
FERN PARK, FL 32730 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

**Authorized Person(s) Detail :**

|                 |                      |                 |                    |
|-----------------|----------------------|-----------------|--------------------|
| Title           | MGR                  | Title           | VP                 |
| Name            | WILSON, LILLIAN LMGR | Name            | RUMFELT, HARVEY L  |
| Address         | 2045 SEPLER DR.      | Address         | 2045 SEPLER DRIVE  |
| City-State-Zip: | FERN PARK FL 32730   | City-State-Zip: | FERN PARK FL 32730 |

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LILLIAN WILSON

**PRESIDENT**

**02/07/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date