

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000096362

**Entity Name:** GABLE A ACCOUNTING SERVICES LLC

**Current Principal Place of Business:**

38165 TAYLOR RD  
MYAKKA CITY, FL 34251

**Current Mailing Address:**

38165 TAYLOR RD  
MYAKKA CITY, FL 34251 US

**FEI Number:** 26-2835129

**Certificate of Status Desired:** No

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

ALFONSO, MELANIE  
38165 TAYOR RD  
MYAKKA CITY, FL 34251 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 MGRM  
Name ALFONSO, MELANIE  
Address 38165 TAYLOR RD  
City-State-Zip: MYAKKA CITY FL 34251

*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:** MELANIE L ALFONSO

MGRM

03/31/2016

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

\_\_\_\_\_  
Date