

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000058474

**FILED**  
**Feb 25, 2015**  
**Secretary of State**  
**CC6745740423**

**Entity Name:** PATRICK D. SHIELDS, CPA AND ASSOCIATES, LLC

**Current Principal Place of Business:**

8695 COLLEGE PARKWAY  
1124  
FT. MYERS, FL 33919

**Current Mailing Address:**

4428 MIZZENMAST COURT  
FT. MYERS, FL 33919

**FEI Number: 75-2638070**

**Certificate of Status Desired: No**

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

SHIELDS, PATRICK D  
4428 MIZZENMAST COURT  
FT. MYERS, FL 33919 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	Title	MGRM
Name	SHIELDS, PATRICK D	Name	SHIELDS, BARBARA E
Address	4428 MIZZENMAST COURT	Address	4428 MIZZENMAST CT.
City-State-Zip:	FT. MYERS FL 33919	City-State-Zip:	FT. MYERS FL 33919

*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: PATRICK D SHIELDS**

**MGMR**

**02/25/2015**

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

\_\_\_\_\_  
Date