

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000115255

**Entity Name:** JODY D RADCLIFF CPA LLC

**Current Principal Place of Business:**

4606 S. CLYDE MORRIS BLVD  
STE 1 N  
PORT ORANGE, FL 32129

**Current Mailing Address:**

4789 S. ATLANTIC AVE.  
UNIT 3  
PONCE INLET, FL 32127

**FEI Number:** 46-0946124

**Certificate of Status Desired:** No

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

RADCLIFF, EDWARD  
4789 S. ATLANTIC AVE.  
UNIT 3  
PONCE INLET, FL 32127 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 RADCLIFF, JODY D  
Address 4789 S. ATLANTIC AVE., UNIT 3  
City-State-Zip: PONCE INLET FL 32127

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JODY D. RADCLIFF

CPA

04/30/2013

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

\_\_\_\_\_  
Date