

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000057418

**Entity Name:** MESSINEO & CO., CPAS, LLC

**Current Principal Place of Business:**

2471 NORTH MCMULLEN BOOTH RD  
SUITE 302  
CLEARWATER, FL 33759-1362

**Current Mailing Address:**

2471 NORTH MCMULLEN BOOTH ROAD  
SUITE 302  
CLEARWATER, FL 33759-1362 US

**FEI Number:** 46-2573137

**Certificate of Status Desired:** No

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

MESSINEO, PETER  
1982 OTTER WAY  
PALM HARBOR, FL 34685 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            | MESSINEO, PETER      | Name            | DRAKE, RANDALL N             |
| Address         | 1982 OTTER WAY       | Address         | 2451 NORTH MCMULLEN BOOTH RD |
| City-State-Zip: | PALM HARBOR FL 34685 | City-State-Zip: | CLEARWATER FL 33759--136     |

*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:** PETER MESSINEO

**PARTNER**

**02/22/2015**

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

\_\_\_\_\_  
Date