

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000112247

**Entity Name:** PACES HEALTHCARE CPA LLC

**Current Principal Place of Business:**

132 SW ALICE GLN  
3  
LAKE CITY, FL 32025

**FILED**  
**Apr 13, 2015**  
**Secretary of State**  
**CC2766614878**

**Current Mailing Address:**

132 SW ALICE GLN  
3  
LAKE CITY, FL 32025 US

**FEI Number:** 47-1366371

**Certificate of Status Desired:** No

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

LATHRA MANAGEMENT LLC  
132 SW ALICE GLN  
LAKE CITY, FL 32025 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 INDEPENDENT SALES ASSOCIATES LLC  
Address 132 SW ALICE GLN  
City-State-Zip: LAKE CITY FL 32025

Title MGRM  
Name FCL INTERNATIONAL HOLDINGS LLC  
Address 132 SW ALICE GLN #2  
City-State-Zip: LAKE CITY FL 32025

Title MEMBER  
Name NETGO LLC  
Address 132 SW ALICE GLN  
City-State-Zip: LAKE CITY FL 32025

Title MEMBER  
Name ORR, BETTY LAKE  
Address 1244 ARBOR ROAD UNIT 168  
City-State-Zip: WINSTON SALEM NC 27104

*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:** BRIAN D KNIGHT

**MGRM**

**04/13/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date