

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000207828

**Entity Name:** CHARLEEN ECKARD FORENSIC CPA LLC

**Current Principal Place of Business:**

1822 N BELCHER RD STE 100  
CLEARWATER, FL 33765

**Current Mailing Address:**

1822 N BELCHER RD STE 100  
CLEARWATER, FL 33765

**FEI Number:** 83-1764732

**Certificate of Status Desired:** No

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

ECKARD, ROBERT D  
3110 PALM HARBOR BLVD  
PALM HARBOR, FL 34683 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 MGR  
Name ECKARD, CHARLEEN  
Address 1822 N BELCHER RD STE 100  
City-State-Zip: CLEARWATER FL 33765

*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:** CHARLEEN ECKARD

MGR

04/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date