

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000214831

Entity Name: DONNA BLAES CPA, LLC

Current Principal Place of Business:

3905 SOUTHEAST 47TH STREET
OCALA, FL 34480

Current Mailing Address:

PO BOX 4877
OCALA, FL 34478 US

FEI Number: 84-2854435

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLAES, DONNA E
3905 SE 47TH STREET
OCALA, FL 34480 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 BLAES, DONNA E MBA,CPA
Address 3905 SOUTHEAST 47TH STREET
City-State-Zip: Ocala FL 34480

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: DONNA E BLAES

MANAGING MEMBER

02/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date