

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000346926

**Entity Name:** BLUE HERON CPAS LLC

**Current Principal Place of Business:**

1318 QUAIL CT  
THE VILLAGES, FL 32163

**Current Mailing Address:**

1318 QUAIL CT  
THE VILLAGES, FL 32163 US

**FEI Number:** 87-2011640

**Certificate of Status Desired:** No

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

GAUGER, NATHAN T  
1318 QUAIL CT  
THE VILLAGES, FL 32163 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 AMBR  
Name GAUGER, NATHAN T  
Address 1318 QUAIL CT  
City-State-Zip: THE VILLAGES FL 32163

Title AMBR  
Name LEWIS, LEAH M  
Address 1318 QUAIL CT  
City-State-Zip: THE VILLAGES FL 32163

*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:** NATHAN GAUGER

**MANAGING PARTNER**

**05/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date