2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90076 027 ****55.00

0033512

DOCUMENT # L02000011497

1. Entity Name
HERRINGTON ACCOUNTING & CONSULTING, LLC

Principal Place of Business	Mailing Address
~~401 E 7TH AVE #602 TAMPA FL 33602~~	~~401 E 7TH AVE #602 TAMPA FL 33602~~

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9301 CRESCENT LOOP	9301 CRESCENT LOOP
Suite, Apt. #, etc.: 309	Suite, Apt. #, etc.: 309
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33619 Country: USA	Zip: 33619 Country: USA

4. FEI Number: 02-0594193 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [X] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HERRINGTON, BARTLEY S
~~401 E 7TH AVE #602~~
~~TAMPA FL 33602~~

7. Name and Address of New Registered Agent

Name: BARTLEY S. HERRINGTON
Street Address (P.O. Box Number is Not Acceptable): 9301 CRESCENT LOOP, #309
City: TAMPA FL Zip Code: 33619

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] BARTLEY S. HERRINGTON 4/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGRM; NAME: BARTLEY S. HERRINGTON; STREET ADDRESS: 9301 CRESCENT LOOP, #309; CITY-ST-ZIP: TAMPA, FL 33619	☐ Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGRM; NAME: PIRITA M. HERRINGTON; STREET ADDRESS: 9301 CRESCENT LOOP, #309; CITY-ST-ZIP: TAMPA, FL 33619	☐ Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: [signature] BARTLEY S. HERRINGTON 4/16/03 813-390-7544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #