2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L03000017752

Entity Name: LDL ACCOUNTANTS & ASSOCIATES, CPA'S, LLC

Current Principal Place of Business:

5575 S SEMORAN BLVD
3
ORLANDO, FL 32822 US

New Principal Place of Business:

5425 S SEMORAN BLVD
7C
ORLANDO, FL 32822 US

Current Mailing Address:

P.O. BOX 574993
ORLANDO, FL 328574993 US

New Mailing Address:

FEI Number: 56-2356834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OLIVENCIA, DAVID
1276 N SEMORAN BLVD
ORLANDO, FL 328073535 US

Name and Address of New Registered Agent:

OLIVENCIA, DAVID
5475 S SEMORAN BLVD
7C
ORLANDO, FL 328073535 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: DAVID OLIVENCIA 05/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: OLIVENCIA, DAVID
Address: P.O. BOX 574993
City-St-Zip: ORLANDO, FL 328574993

Title: MGR ( ) Delete
Name: OLIVENCIA, ELIZABETH
Address: P.O. BOX 574993
City-St-Zip: ORLANDO, FL 328574993

Title: MGR ( ) Delete
Name: SEKAJIPO, LAWRENCE CPA
Address: 7402 N. 56TH STREET, STE. 880
City-St-Zip: TAMPA, FL 336174414

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAVID OLIVENCIA MGR 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date