

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031933

FILED
Jan 20, 2009
Secretary of State

Entity Name: LARSON ACCOUNTING & CONSULTING SERVICES, LLC

Current Principal Place of Business:

8818 COMMODITY CIR
40
ORLANDO, FL 32819 US

New Principal Place of Business:

8818 COMMODITY CIRCLE
17
ORLANDO, FL 32819 US

Current Mailing Address:

8818 COMMODITY CIR
40
ORLANDO, FL 32819 US

New Mailing Address:

8818 COMMODITY CIRCLE
17
ORLANDO, FL 32819 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSON, CAROLINE
8818 COMMODITY CIR
40
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

LARSON, CAROLINE
8818 COMMODITY CIRCLE
17
ORLANDO, FL 32819 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: CAROLINE LARSON

01/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CETINDEMIR, NEJLA
Address: 1986 MARSH HAWK CIR
City-St-Zip: ORLANDO, FL 32837 US

Title: MGR (X) Delete
Name: CETINDEMIR, ULAS BARAN
Address: 1986 MARSH HAWK CIR
City-St-Zip: ORLANDO, FL 32837 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LARSON, CAROLINE G
Address: 8818 COMMODITY CIRCLE ST 17
City-St-Zip: ORLANDO, FL 32819 US

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: CAROLINE G. LARSON

MGR

01/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date