

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000118914

**FILED**  
**Apr 20, 2007**  
**Secretary of State**

**Entity Name:** ALSOPP'S ACCOUNTING SERVICES, LLC

**Current Principal Place of Business:**

15141 SW 128TH AVENUE  
MIAMI, FL 33186

**New Principal Place of Business:**

13211 SW 192ND TERRACE  
MIAMI, FL 33177

**Current Mailing Address:**

15141 SW 128TH AVENUE  
MIAMI, FL 33186

**New Mailing Address:**

13211 SW 192ND TERRACE  
MIAMI, FL 33177

**FEI Number:** 20-8062139

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALSOPP, AUDIE W  
15141 SW 128TH AVENUE  
MIAMI, FL 33186 US

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

ALSOPP, AUDIE W  
13211 SW 192ND TERRACE  
MIAMI, FL 33177 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: AUDIE W. ALSOPP

04/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALSOPP, AUDIE W  
Address: 15141 SW 128TH AVENUE  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ALSOPP, AUDIE W  
Address: 13211 SW 192ND TERRACE  
City-St-Zip: MIAMI, FL 33177

I hereby certify that the information supplied with this filing does not qualify for the 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: AUDIE W. ALSOPP

MGR

04/20/2007

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