Certificate of Status Desired: No
istered agent, or both, in the State of Florida.
istered agent, or both, in the State of Florida. 02/18/2019
02/18/2019
02/18/2019
02/18/2019 Date
02/18/2019 Date

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: KHUSBOO PATEL

CPA

02/18/2019

Entity Name: AK ACCOUNTING AND TAX SERVICES, LLC

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

14081 NW 30TH AVE

DOCUMENT# L18000113978

## ιp

Electronic Signature of Signing Authorized Person(s) Detail

## FILED Feb 18, 2019 **Secretary of State** 4250096276CC

Date