

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000009739

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** ACCOUNTING AND TECHNOLOGY ASSURANCE LLC

**Current Principal Place of Business:**

1209 SE 14TH STREET  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

1209 SE 14TH STREET  
OCALA, FL 34471 US

**New Mailing Address:**

**FEI Number:** 59-3726363

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SLAUGHTER, LANFORD T JR.  
1209 S.E. 14TH STREET  
OCALA, FL 34471 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SLAUGHTER, LANFORD T JR.  
**Address:** 1209 S.E. 14TH STREET  
**City-St-Zip:** Ocala, FL 34471 US

**Title:** MGRM  
**Name:** SLAUGHTER, SHAANA G  
**Address:** 1209 S.E. 14TH STREET  
**City-St-Zip:** Ocala, FL 34471 US

I hereby 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:** LANFORD T. SLAUGHTER, JR.

MGRM

04/08/2011

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