## **2005 LIMITED LIABILITY COMPANY**

**FILED** 

ANNUAL REPORT		r 24, 2005   08:00 .
DOCUMENT # L01000012469		Secretary of State
I. Entity Name     Z S ACCOUNTING AND TAX SERVICES, LLC.		
Principal Place of Business Mailing Address	- 1	
2522 SW 27TH AVENUE 2522 SW 27TH AVENUE OCALA, FL 34474 OCALA, FL 34474		
	01142005 No Chg-LLC	CR2E083 (10/03)
DO NOT WRITE IN THIS SPA	4. FEI Namber	Applied For
The second secon	<u>59-3728476</u>	Not Applicable  \$5.00 Additional
6. Name and Address of Current Registered Agent	5. Certificate of Status Desi	red  Fee Required
SWANSON, VIVIEN L 2522 SW 27TH AVENUE	DO NOT	WRITE
OCALA, FL 34474	IN THIS !	SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS TITLE MGRM		
NAME ZYGARLOWSKI, ELIZABETH	· · · · · · · · · · · · · · · · · · ·	ter yer ber thinke in the edit office in conserve
STREET ADDRESS 370 EAST ELTON CT CITY-ST-ZIP LECANTQ, FL 34461	03/24/	9900274229 05-80003-005 50.00
TITLE MGRM NAME SWANSON, VIVIEN L	and the same of th	<del></del>
STREET ADDRESS 729 NE 17TH TERRACE	#*************************************	
CITY-ST-ZIP OCALA, FL 34470		
NAME STREET ADDRESS		
CITY-SY-ZIP	DO NOT	WRITE
TITLE NAME	IN THIS	SPACE
STREET ADDRESS CITY-ST-ZIP		
TITLE		
NAME STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	10 100 100 TO THE TAX STATE OF THE TAX S	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS CITY-ST-ZIP	ĺ	
	■ mption stated in Section 119,07(3)(i), Florida Statu	ites. I further certify that the information
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 of the receiver or trustee approvered to execute this report as required by Chapter 608, Florida Statutes.		

SIGNATURE: Which Menter Menter Menter SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

Klizabeth Zygankowski