


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000008663 1. Entity Name A-Z BOOKKEEPING SPECIALIST LLC	
---	---

Principal Place of Business 34 TEAK LOOP OCALA, FL 34472	Mailing Address 34 TEAK LOOP OCALA, FL 34472
--	--

DO NOT WRITE IN THIS SPACE



03112004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0588041	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
**SLUSSER, ZELMA
34 TEAK LOOP
OCALA, FL 34472**

**DO NOT WRITE
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 fee if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000095400
03/24/04-90030-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SLUSSER, ZELMA 34 TEAK LOOP OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Zelma Slusser **3/22/04 (352) 624-3946**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #