

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 24, 2003 8:00 am**  
**Secretary of State**

09-24-2003 90046 038 \*\*\*\*50.00

**DOCUMENT # L02000023067**

1. Entity Name  
**KEY ACCOUNTING & TAX SPECIALISTS LLC**



Principal Place of Business  
**201 PLANTATION CLUB DR. #916  
MELBOURNE FL 32940**

Mailing Address  
**201 PLANTATION CLUB DR. #916  
MELBOURNE FL 32940**

2. Principal Place of Business

3. Mailing Address

**1446 Cypress Trace Dr. 1446 Cypress Trace Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Melbourne, FL.**

City & State  
**Melbourne, FL**

4. FEI Number  
**65-1027968**

Applied For  
Not Applicable

Zip Country  
**32940 Brevard**

Zip Country  
**32940 Brevard**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYNCH, MARSHA G  
201 PLANTATION CLUB DR. #916  
MELBOURNE FL 32940**

Name  
**Lynch, Marsha G.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1446 Cypress Trace Drive**  
City  
**Melbourne, FL** Zip Code  
**32940**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

|                |  |
|----------------|--|
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MGRM</b>  |
| STREET ADDRESS | <b>Lynch, Gerald E.</b>  |
| CITY-ST-ZIP    | <b>1446 Cypress Trace Drive</b>  |
|                | <b>Melbourne, FL. 32940</b>  |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MGRM</b>  |
| STREET ADDRESS | <b>Lynch, Marsha G.</b>  |
| CITY-ST-ZIP    | <b>1446 Cypress Trace Drive</b>  |
|                | <b>Melbourne, FL. 32940</b>  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** **9/24/03** **6321/255-0098**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)