

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012828

FILED
Feb 26, 2009
Secretary of State

Entity Name: THE ACCOUNTING FIRM, LLC

Current Principal Place of Business:

7220 N.W. 36TH STREET
SUITE 624
MIAMI, FL 33166

New Principal Place of Business:

7220 N.W. 36TH STREET
SUITE 624
MIAMI, FL 33166 US

Current Mailing Address:

7220 N.W. 36TH STREET
SUITE 624
MIAMI, FL 33166

New Mailing Address:

7220 N.W. 36TH STREET
SUITE 624
MIAMI, FL 33166 US

FEI Number: 20-0046586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEL LUPO, LUCIANO
7220 N.W. 36TH STREET
SUITE 624
MIAMI, FL 33166 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 () Delete
Name: DEL LUPO, LUCIANO
Address: 7220 N.W. 36TH STREET, SUITE 624
City-St-Zip: MIAMI, FL 33166

Title: MGRM () Delete
Name: DEL LUPO, MARIA L
Address: 7220 N.W. 36TH STREET, SUITE 624
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEL LUPO, LUCIANO
Address: 7220 N.W. 36TH STREET, SUITE 624
City-St-Zip: MIAMI, FL 33166 US

Title: MGRM (X) Change () Addition
Name: DEL LUPO, MARIA L
Address: 7220 N.W. 36TH STREET, SUITE 624
City-St-Zip: MIAMI, FL 33166 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LUCIANO DEL LUPO

MGRM

02/26/2009

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