

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032440

FILED
Apr 28, 2005
Secretary of State

Entity Name: OFFICE AND ACCOUNTING SERVICES, LLC.

Current Principal Place of Business:

10391 NW 18TH PLACE
PLANTATION, FL 33322

New Principal Place of Business:

10391 NW 18TH PLACE
PLANTATION, FL 33322 US

Current Mailing Address:

10391 NW 18TH PLACE
PLANTATION, FL 33322

New Mailing Address:

10391 NW 18TH PLACE
PLANTATION, FL 33322 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HINCAPIE, ALCIRA MRS.
10391 NW 18TH PLACE
PLANTATION, FL 33322 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/MEMBERS:

Title: MGR () Delete
Name: HINCAPIE, GUILLERMO MR.
Address: 10391 NW 18TH PLACE
City-St-Zip: PLANTATION, FL 33322

Title: MGR () Delete
Name: HINCAPIE, ALCIRA MRS.
Address: 10391 NW 18TH PLACE
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HINCAPIE, GUILLERMO MR.
Address: 10391 NW 18TH PLACE
City-St-Zip: PLANTATION, FL 33322 US

Title: MGR (X) Change () Addition
Name: HINCAPIE, ALCIRA MRS.
Address: 10391 NW 18TH PLACE
City-St-Zip: PLANTATION, FL 33322 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GUILLERMO HINCAPIE MGR 04/28/2005

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