

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062542

FILED
Mar 27, 2007
Secretary of State

Entity Name: AUDIT & RECONCILIATIONS, LLC

Current Principal Place of Business:

16380 S. POST RD.
104
WESTON, FL 33331 US

New Principal Place of Business:

2158 PASA VERDE LN.
WESTON, FL 33327 US

Current Mailing Address:

16380 S. POST RD.
104
WESTON, FL 33331 US

New Mailing Address:

2158 PASA VERDE LN.
WESTON, FL 33327 US

FEI Number: 20-2046714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OXRUD, FERNANDO
16380 S. POST RD.
104
WESTON, FL 33331 US

Name and Address of New Registered Agent:

OXRUD, FERNANDO
2158 PASA VERDE LN.
WESTON, FL 33327 US

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: FERNANDO OXRUD

03/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OXRUD, FERNANDO
Address: 16380 S. POST RD.
City-St-Zip: WESTON, FL 33331 US

Title: MGR () Delete
Name: OXRUD, DANIELA
Address: 16380 S. POST RD.
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OXRUD, FERNANDO
Address: 2158 PASA VERDE LN.
City-St-Zip: WESTON, FL 33327 US

Title: MGR (X) Change () Addition
Name: OXRUD, DANIELA
Address: 2158 PASA VERDE LN.
City-St-Zip: WESTON, FL 33327 US

I hereby certify that the information supplied with this filing does not qualify for the 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: FERNANDO OXRUD

MGR

03/27/2007

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