

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077052

**FILED**  
**Sep 17, 2008**  
**Secretary of State**

**Entity Name:** AMERICAN ACCOUNTING SOLUTIONS, LLC

**Current Principal Place of Business:**

3618 WEST FLAGLER ST  
SUITE#5  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

3618 WEST FLAGLER ST  
SUITE#5  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:** 20-1846633      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MEDINA, PATRICIA  
3618 WEST FLAGLER ST  
SUITE#5  
MIAMI, FL 33135 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PATRICIA, MEDINA  
Address: 3618 W FLAGLER ST  
City-St-Zip: MIAMI, FL 33135

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PATRICIA MEDINA

MGRM

09/17/2008

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