

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082508

**FILED**  
**Apr 06, 2009**  
**Secretary of State**

**Entity Name:** MJ LEE CPA & ASSOCIATES, LLC

**Current Principal Place of Business:**

1812 KINGWAY DRIVE  
DELTONA, FL 32725

**New Principal Place of Business:**

4350 LOWER PARK ROAD  
APT. 102  
ORLANDO, FL 32814

**Current Mailing Address:**

1812 KINGWAY DRIVE  
DELTONA, FL 32725

**New Mailing Address:**

4350 LOWER PARK ROAD  
APT. 102  
ORLANDO, FL 32814

FEI Number: 43-2066211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEE, MICHAEL J  
1812 KINGWAY DRIVE  
DELTONA, FL 32725 US

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

LEE, MICHAEL J  
4350 LOWER PARK ROAD  
APT 102  
ORLANDO, FL 32814 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: MICHAEL J. LEE

04/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEE, MICHAEL J  
Address: 1812 N. KINGWAY DR.  
City-St-Zip: DELTONA, FL 32725

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEE, MICHAEL J  
Address: 4350 LOWER PARK ROAD, APT 102  
City-St-Zip: ORLANDO, FL 32814

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: MICHAEL J. LEE

MGRM

04/06/2009

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