

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086336

FILED
Apr 15, 2009
Secretary of State

Entity Name: CVL ACCOUNTING SERVICES LLC

Current Principal Place of Business:

1605 SILK TREE CIRCLE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

1605 SILK TREE CIRCLE
SANFORD, FL 32773

New Mailing Address:

FEI Number: 20-1944271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIEGERT, LORI L
1425 JANE LACEY LANE
NEW SMYRNA BEACH, FL 32168 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: RIEGERT, LORI L
Address: 1425 JANE LACEY LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM () Delete
Name: DAVIS, CHERYL L
Address: 1401 CALIBAN CT
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM (X) Delete
Name: HELLE, VICKY L
Address: 1605 SILK TREE CIR
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HELLE, VICKY L
Address: 1605 SILK TREE CIRCLE
City-St-Zip: SANFORD, FL 32773

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: VICKY L HELLE

MGRM

04/15/2009

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