

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000031933

FILED
Nov 04, 2008
Secretary of State**Entity Name:** LARSON ACCOUNTING & CONSULTING SERVICES, LLC**Current Principal Place of Business:**8818 COMMODITY CIR
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ORLANDO, FL 32819 US**New Principal Place of Business:****Current Mailing Address:**8818 COMMODITY CIR
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ORLANDO, FL 32819 US**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LARSON, CAROLINE
8818 COMMODITY CIR
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ORLANDO, FL 32819 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: MGR () Delete
Name: LARSON, CAROLINE
Address: 1986 MARSH HAWK CIR
City-St-Zip: ORLANDO, FL 32837 USTitle: MGR () Delete
Name: CETINDEMIR, ULAS BARAN
Address: 1986 MARSH HAWK CIR
City-St-Zip: ORLANDO, FL 32837 US**ADDITIONS/CHANGES:**Title: MGR (X) Change () Addition
Name: CETINDEMIR, NEJLA
Address: 1986 MARSH HAWK CIR
City-St-Zip: ORLANDO, FL 32837 USTitle: () 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: ULAS CETINDEMIR MGR 11/04/2008

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