

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039362

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: PARK AVENUE ACCOUNTING SERVICES

## Current Principal Place of Business:

105 HALF MOON CIRCLE  
HYPOLUXO, FL 33462

## New Principal Place of Business:

105 HALF MOON CIRCLE  
A2  
HYPOLUXO, FL 33462

## Current Mailing Address:

P.O. BOX 3378  
LANTANA, FL 33465

## New Mailing Address:

105 HALF MOON CIRCLE  
A2  
HYPOLUXO, FL 33462

FEI Number: 20-1874005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOM, SCHERZER  
105 HALF MOON CIRCLE  
HYPOLUXO, FL 33462 US

## Name and Address of New Registered Agent:

THOMAS, SCHERZER  
105 HALF MOON CIRCLE  
HYPOLUXO, FL 33462 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: THOMAS SCHERZER

04/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SCHERZER, EILEENE  
Address: P.O. BOX 3378  
City-St-Zip: LANTANA, FL 33465

Title: MGR ( ) Delete  
Name: SCHERZER, TOM  
Address: P.O. BOX 3378  
City-St-Zip: LANTANA, FL 33465

## ADDITIONS/CHANGES:

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

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: EILEENE SCHERZER

MGR

04/15/2009

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