

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049765

FILED
Mar 05, 2009
Secretary of State

Entity Name: MCALPINE ACCOUNTING & TAX SERVICE, LLC

Current Principal Place of Business:

1012 DUNSTABLE LANE
PONTE VEDRA, FL 32081

New Principal Place of Business:

2200 N. PONCE DE LEON BLVD
SUITE 6
ST. AUGUSTINE, FL 32084

Current Mailing Address:

PO BOX 1413
PONTE VEDRA, FL 320041413 US

New Mailing Address:

2200 N. PONCE DE LEON BLVD
SUITE 6
ST. AUGUSTINE, FL 32084

FEI Number: 20-2970899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCALPINE, MARY E
1012 DUNSTABLE LANE
PONTE VEDRA, FL 32081 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: MCALPINE, MARY E
Address: PO BOX 1413
City-St-Zip: PONTE VEDRA, FL 32004

Title: MGR () Delete
Name: MCALPINE, JOHN M
Address: PO BOX 1413
City-St-Zip: PONTE VEDRA, FL 32004

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCALPINE, MARY E
Address: 1012 DUNSTABLE LN
City-St-Zip: PONTE VEDRA, FL 32081

Title: MGR (X) Change () Addition
Name: MCALPINE, JOHN M
Address: 1012 DUNSTABLE LN
City-St-Zip: PONTE VEDRA, FL 32081

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: MARY E MCALPINE

MGRM

03/05/2009

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