

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049765

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Entity Name:** MCALPINE ACCOUNTING & TAX SERVICE, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1012 DUNSTABLE LANE  
PONTE VEDRA, FL 32081

**Current Mailing Address:**

1012 DUNSTABLE LANE  
PONTE VEDRA, FL 32081

**New Mailing Address:**

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  
Name: MCALPINE, MARY E  
Address: 1012 DUNSTABLE LN  
City-St-Zip: PONTE VEDRA, FL 32081

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

I hereby 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

MM

02/08/2011

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