2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2009
Secretary of State

DOCUMENT# L05000079418

Entity Name: ACCOUNTING & TAX PROFESSIONALS LLC

Current Principal Place of Business:

2528 SAWGRASS LAKE CT
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

2528 SAWGRASS LAKE
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 20-3295770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARCINKIEWICZ, LILIANE A
2528 SAWGRASS LAKE CT
CAPE CORAL, FL 33909 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: JANSSEN, CATHY L
Address: 4418 SE 12TH AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: MGR ( ) Delete
Name: MARCINKIEWICZ, LILLIANE A
Address: 2528 SAWGRASS LAKE CT
City-St-Zip: CAPE CORAL, FL 33909

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: LILLIANE A MARCINKIEWICZ MGMB 01/31/2009

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