

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000079418

**FILED**  
**Feb 07, 2010**  
**Secretary of State**

**Entity Name:** ACCOUNTING & TAX PROFESSIONALS LLC

**Current Principal Place of Business:**

2528 SAWGRASS LAKE CT  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

37 NE 9TH AVENUE  
CAPE CORAL, FL 33909

**Current Mailing Address:**

2528 SAWGRASS LAKE  
CAPE CORAL, FL 33909

**New Mailing Address:**

37 NE 9TH AVENUE  
CAPE CORAL, FL 33909

**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:**

MARCINKIEWICZ, LILIANE A  
37 NE 9TH AVENUE  
CAPE CORAL, FL 33909 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:** LILLIANE A MARCINKIEWICZ

02/07/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** JANSSEN, CATHY L  
**Address:** 4418 SE 12TH AVE  
**City-St-Zip:** CAPE CORAL, FL 33904

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

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:** LILLIANE A MARCINKIEWICZ

MGMR

02/07/2010

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