

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096599

**FILED**  
**Mar 18, 2009**  
**Secretary of State**

**Entity Name:** ACCOUNTING BOOKKEEPING & CLERICAL SERVICES LLC

**Current Principal Place of Business:**

5051 CASTELLO DR SUITE 217  
NAPLES, FL 34103

**New Principal Place of Business:**

10641 AIRPORT PULLING RD. N.  
#30  
NAPLES, FL 34109

**Current Mailing Address:**

207 DOLPHIN COVE CT  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 59-3825596      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALLS, JUNE  
207 DOLPHIN COVE CT  
BONITA SPRINGS, FL 34134      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: VALLS, JUNE  
Address: 207 DOLPHIN COVE CT  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES:**

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: JUNE VALLS

OWNE

03/18/2009

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