

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000109667

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** PROFESSIONAL ACCOUNTING AND BUSINESS CONSULTANTS, LLC

**Current Principal Place of Business:**

38743 OTIS ALLEN ROAD  
ZEPHRYHILLS, FL 33540

**New Principal Place of Business:**

**Current Mailing Address:**

38743 OTIS ALLEN ROAD  
ZEPHRYHILLS, FL 33540

**New Mailing Address:**

**FEI Number:** 20-3842808

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARBER, AMY T  
12235 ELKINS ROAD  
DADE CITY, FL 33525 US

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

BARBER, AMY  
12235 ELKINS ROAD  
DADE CITY, FL 33525 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: AMY BARBER

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BARBER, AMY T  
Address: 12235 ELKINS ROAD  
City-St-Zip: DADE CITY, FL 33525

**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: AMY BARBER

MGR

04/30/2009

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