

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L05000123176

1. Entity Name
ACCOUNTING BY BILL, LLC



Principal Place of Business
**611 N. ROCKINGHAM AVE.
 APT. #1
 TAVARES, FL 32778 US**

Mailing Address
**PO BOX 216
 TAVARES, FL 32778 US**

DO NOT WRITE IN THIS SPACE



02272008No Chg-LLC CR2E083 (12/07)

4. FEI Number 04-3837062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**AINSLIE, WILLIAM G
 611 N. ROCKINGHAM AVE.
 APT. #1
 TAVARES, FL 32778**

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8. 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: I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AINSLIE, WILLIAM G 611 N. ROCKINGHAM AVE. APT. #1 TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AINSLIE, ELIZABETH A 611 N. ROCKINGHAM AVE. APT. #1 TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000846941
 03/18/08-80048-023 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *William G Ainslie* **William G Ainslie** **2/27/08** **352-255-6594**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #