

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000007501

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** ACCOUNTING & CONSULTING ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

15700 BAHAMA WAY  
BOKEELIA, FL 33922

**New Principal Place of Business:**

**Current Mailing Address:**

15700 BAHAMA WAY  
BOKEELIA, FL 33922

**New Mailing Address:**

**FEI Number:** 26-1873451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WRIGHT, CHRISTINE F  
2735 SANTA BARBARA BLVD  
201  
CAPE CORAL, FL 33914 US

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

GARLICK, ALENE A  
15700 BAHAMA WAY  
BOKEELIA, FL 33922 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:** ALENE GARLICK

04/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES  
**Name:** GARLICK, ALENE A  
**Address:** 15700 BAHAMA WAY  
**City-St-Zip:** BOKEELIA, FL 33922

**Title:** VP  
**Name:** THOMAS, JOHN M II  
**Address:** 15700 BAHAMA WAY  
**City-St-Zip:** BOKEELIA, FL 33922

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:** ALENE GARLICK

PRES

04/30/2011

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