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Secretary of State

5/2.

05-02-2007 90360 048 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000023190

1. Entity Name
ACCURATE ACCOUNTING, LLC

30012092

Principal Place of Business	Mailing Address
25 PORT ROYAL DRIVE PALM COAST, FL 32164	25 PORT ROYAL DRIVE PALM COAST, FL 32164

04302007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box: 399 Palm Coast Pkwy SW	3. Mailing Address
Suite, Apt #, etc.: Ste 4	Suite, Apt. #, etc.
City & State: Palm Coast, FL	City & State
Zip: 32137 Country: US	Zip / Country

4. FEI Number: 26-0623859 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UPHAM, DENISE L 25 PORT ROYAL DRIVE PALM COAST, FL 32164	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM UPHAM, DENISE L 25 PORT ROYAL DRIVE PALM COAST, FL 32164 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Denise L Upham Pres Denise L Upham 4/30/07 386-986-1839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #