

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000075233

**FILED**  
**Nov 30, 2007**  
**Secretary of State**

**Entity Name:** ACCOUNTING ASSOCIATES, LLC

**Current Principal Place of Business:**

2151 N.E. 55TH COURT  
FORT LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

2151 N.E. 55TH COURT  
FORT LAUDERDALE, FL 33308 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

GILDA, EVINA  
2151 N.E. 55TH COURT  
FORT LAUDERDALE, FL 33308 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: GILDA EVINA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GILDA, EVINA  
Address: 2151 N.E. 55TH COURT  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: ZULUAGA, ALVARO MGRM  
Address: 2151 N.E. 55TH COURT  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

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: ALVARO ZULUAGA

MGRM

11/30/2007

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