

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000082238

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** ACCOUNTING CENTER FOR SMALL BUSINESS LLC

**Current Principal Place of Business:**

5701 DOGWOOD DR  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

5701 DOGWOOD DR  
ORLANDO, FL 32807

**New Mailing Address:**

**FEI Number:** 59-3304493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERA, EVELINDA  
5701 DOGWOOD DR  
ORLANDO, FL 32807 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** RIVERA, EVELINDA EA  
**Address:** 5701 DOGWOOD DR  
**City-St-Zip:** ORLANDO, FL 32807

**Title:** MGR  
**Name:** CINTRON-RIVERA, FREDERICK R  
**Address:** 5701 DOGWOOD DR  
**City-St-Zip:** ORLANDO, FL 32807

**Title:** MGR  
**Name:** CINTRON-RIVERA, JESSICA  
**Address:** 5701 DOGWOOD DR  
**City-St-Zip:** ORLANDO, FL 32807

**Title:** MGR  
**Name:** CRUZ, HECTOR L CPA  
**Address:** 5701 DOGWOOD DR  
**City-St-Zip:** ORLANDO, FL 32807

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:** EVELINDA RIVERA

MGRM

03/17/2011

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