2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L06000086435

Entity Name: BEST ACCOUNTING SERVICES, LLC

Current Principal Place of Business:

BEST ACCOUNTING SERVICES, LLC
20020 VETRANS BLVD #10
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

BEST ACCOUNTING SERVICES, LLC
20020 VETERANS BLVD #10
PORT CHARLOTTE, FL 33954

Current Mailing Address:

BEST ACCOUNTING SERVICES, LLC
20020 VETRANS BLVD #10
PORT CHARLOTTE, FL 33954

New Mailing Address:

BEST ACCOUNTING SERVICES, LLC
20020 VETERANS BLVD #10
PORT CHARLOTTE, FL 33954

FEI Number: 20-5499099 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOSS, JAMES
20020 VETERANS BLVD. #10
PORT CHARLOTTE, FL 33954 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: MGR ( ) Delete
Name: VOSS, PEGGY
Address: 20020 VETERANS BLVD. #10
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: MGR ( ) Delete
Name: VOSS, JAMES
Address: 20020 VETERANS BLVD. #10
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES:

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

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

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: JAMES VOSS MGR 04/29/2009

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