

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088944

FILED  
Feb 22, 2007  
Secretary of State

**Entity Name:** C & N ACCOUNTING & TAX SERVICES, LLC

**Current Principal Place of Business:**

12295 FLORIDA WOODS LN  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

12295 FLORIDA WOODS LN  
ORLANDO, FL 32824

**New Mailing Address:**

**FEI Number:** 74-3188761

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COMIA, SOLLY N  
12295 FLORIDA WOODS LN  
ORLANDO, FL 32824 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: PRES ( ) Delete  
Name: COMIA, SOLLY N  
Address: 12295 FLORIDA WOODS LN  
City-St-Zip: ORLANDO, FL 32824

Title: V.P. ( ) Delete  
Name: NATIVIDAD, LORA FAE M  
Address: 12295 FLORIDA WOODS LN  
City-St-Zip: ORLANDO, FL 32824

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: COMIA, SOLLY N  
Address: 12295 FLORIDA WOODS LN  
City-St-Zip: ORLANDO, FL 32824 US

Title: V.P. (X) Change ( ) Addition  
Name: COMIA, ADEMAR M  
Address: 12295 FLORIDA WOODS LN  
City-St-Zip: ORLANDO, FL 32824 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SOLLY N COMIA

PRES

02/22/2007

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