

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90039 030 ***138.75

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04172008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000090714 1. Entity Name ACCOUNTING UNLIMITED, LLC					
Principal Place of Business 11911 US HIGHWAY ONE, STE. 201 NORTH PALM BEACH, FL 33408			Mailing Address 11911 US HIGHWAY ONE, STE. 201 NORTH PALM BEACH, FL 33408		
2. Principal Place of Business - No P.O. Box # 612 Ocean Dunes Cir.		3. Mailing Address 612 Ocean Dunes Cir.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Jupiter, FL		City & State Jupiter, FL		4. FEI Number 20-5569623	
Zip 33477		Country USA		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BELTRANO, ALDO, ESQ. THE LAW OFFICES OF ALDO BELTRANO, P.A. 11911 US HIGHWAY ONE, STE. 201 NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS WHITEMAN, GINA G 612 OCEAN DUNES CIRCLE JUPITER, FL 33477	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					