

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000718

Entity Name: ANDREWS ACCOUNTANCY, LLC

FILED  
Apr 15, 2007  
Secretary of State

**Current Principal Place of Business:**

8566 NW 19 DRIVE  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

8566 NW 19 DRIVE  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

FEI Number: 56-2323495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANDREWS, JAMES ROY  
8566 NW 19 DRIVE  
CORAL SPRINGS, FL 33071 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: ANDREWS, JAMES ROY  
Address: 8566 NW 19 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR ( ) Delete  
Name: ANDREWS, ESTHER  
Address: 8566 NW 19 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ANDREWS, JAMES ROY  
Address: 8566 NW 19 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM (X) Change ( ) Addition  
Name: ANDREWS, ESTHER  
Address: 8566 NW 19 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

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: ESTHER ANDREWS

MGRM

04/15/2007

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