2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# L07000034542

Entity Name: BUSINESS & ACCOUNTING SOLUTIONS, LLC

Current Principal Place of Business:

10461 NW 3 STREET
PEMBROKE PINES, FL 33026

New Principal Place of Business:

8362 PINES BLVD.
382
PEMBROKE PINES, FL 33024

Current Mailing Address:

10461 NW 3 STREET
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 20-8779390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARDS, DIONNE R
10461 NW 3 STREET
PEMBROKE PINES, FL 33026 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: PORTER, AUDLEY
Address: 10461 NW 3 STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGR ( ) Delete
Name: RICHARDS, SUZETTE
Address: 10461 NW 3 STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGR ( ) Delete
Name: RICHARDS, DIONNE
Address: 10461 NW 3 STREET
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES:

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

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: DIONNE RICHARDS MGR 03/13/2008

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