

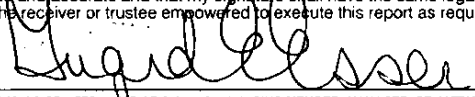


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90018 004 ***138.75

DOCUMENT # L07000069306 1. Entity Name J & I ACCOUNTING & TAXES SERVICES, LLC.																											
Principal Place of Business 545 BRIAN CIRCLE MARY ESTHER, FL 32569 US			Mailing Address 545 BRIAN CIRCLE MARY ESTHER, FL 32569 US																								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																									
City & State Zip Country		City & State Zip Country		4. FEI Number Chg-LLC CR2E083 (12/06) Applied For <input checked="" 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 AMERICAN SAFETY COUNCIL, INC. 5125 ADANSON ST SUITE 500 ORLANDO, FL 32804																							
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">NAME</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MGRM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ESSER, INGRID</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>545 BRIAN CIRCLE</td> <td></td> </tr> <tr> <td></td> <td>MARY ESTHER, FL 32569</td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	NAME	MGRM		STREET ADDRESS	ESSER, INGRID		CITY-ST-ZIP	545 BRIAN CIRCLE			MARY ESTHER, FL 32569								
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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: 				Date: 4/22/2008 Daytime Phone #: (850) 225-8672																							