

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122199

FILED
Apr 30, 2009
Secretary of State

Entity Name: GKR ACCOUNTING & BUSINESS, LLC

Current Principal Place of Business:

18331 PINES BLVD. # 213
PEMBROKE PINES, FL 33029

New Principal Place of Business:

1911 N.W. 150 AVE STE 202
PEMBROKE PINES, FL 33028

Current Mailing Address:

18331 PINES BLVD. # 213
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 75-3261043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNOLDS, GRETA K
18331 PINES BLVD. # 213
PEMBROKE PINES, FL 33029 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: MGRM () Delete
Name: REYNOLDS, GRETA K
Address: 18331 PINES BLVD. # 213
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: ROBINSON, BRENEE
Address: 18331 PINES BLVD. # 213
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR () Change (X) Addition
Name: MOSS, MONIQUE
Address: 18331 PINES BLVD. # 213
City-St-Zip: PEMBROKE PINES, FL 33029

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: GRETA REYNOLDS MGRM 04/30/2009

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