

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000016642

Entity Name: D B L ACCOUNTING, LLC

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

719 BERING AVE S.  
LEHIGH ACRES, FL 33974

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 805  
ALVA, FL 33920

**New Mailing Address:**

P.O. BOX 172  
LEHIGH ACRES, FL 33970

FEI Number: 80-0143991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUTLER, CYRINE  
719 BERING AVE S.  
LEHIGH ACRES, FL 33974 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  
Name: BUTLER, CYRINE  
Address: 719 BERING AVE S.  
City-St-Zip: LEHIGH ACRES, FL 33974

I hereby 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: CYRINE BUTLER

MGRM

04/14/2010

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