

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046440

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: JONES & JONES ACCOUNTING, LLC

## Current Principal Place of Business:

882 S KIRKMAN RD.  
ORLANDO, FL 32811

## New Principal Place of Business:

882 S KIRKMAN RD.  
SUITE 203  
ORLANDO, FL 32811

## Current Mailing Address:

8879 WEST COLONIAL DR.  
OCOE, FL 34761

## New Mailing Address:

8879 WEST COLONIAL DR.  
#172  
OCOE, FL 34761

FEI Number: 26-2623248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, SHEILA  
8518 LANSDALE COURT  
ORLANDO, FL 32818 US

## Name and Address of New Registered Agent:

JONES, SHEILA  
937 HIRE CIRCLE  
OCOE, FL 34761 US

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: SHEILA JONES

04/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: JONES, SHEILA  
Address: 8518 LANSDALE COURT  
City-St-Zip: ORLANDO, FL 32818

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

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: JONES, SHEILA  
Address: 937 HIRE CIRCLE  
City-St-Zip: OCOE, FL 34761

Title: MGR ( ) Change (X) Addition  
Name: JONES, ANTHONY  
Address: 937 HIRE COURT  
City-St-Zip: OCOE, FL 34761

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: SHEILA JONES

MGR

04/30/2009

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