2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000056519

Title:

Name:

Address:

City-St-Zip:

MGRM

(X) Delete

BELL, STEPHEN H JR

BARTOW, FL 33830

495 HEATHER CT

Entity Name: BELL & VAN GRONDELLE CPA FIRM, LLC

FILED Jul 29, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
600 CAGAN PARK AVE STE 8 CLERMONT, FL 34714						
Current Mailing Address:			New Mailir	New Mailing Address:		
109 AMBERSWEET WAY - # 401 DAVENPORT, FL 33897						
FEI Number:	26-2764495	FEI Number Applied For ()	FEI Number Not Appli	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
VAN GRONDELLE, GARY J CPA 600 CAGAN PARK AVE STE 8 CLERMONT, FL 34714 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:						
	Electronic	Signature of Registered Agent		Date		
MANAGING MEMBERS/MANAGERS:			ADDITIONS/C	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () D BELL, MATTHEW 1262 SR ANNE SI LAKE WALES, FL	HRINE RD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MGRM () D JOHNSON, FLOY 116 E STUART AV LAKE WALES, FL	√E	Title: Name: Address: City-St-Zip:	MGRM (X) Change () Addition VAN GRONDELLE, GARY J CPA 508 BRIGHTON DR DAVENPORT, FL 33897		
Title: Name: Address: City-St-Zip:	MGRM () D VAN GRONDELLE 508 BRIGHTON D DAVENPORT, FL)R	Title: Name: Address: City-St-Zip:	MGRM (X) Change () Addition BELL, STEPHEN H JR 495 HEATHER CT BARTOW, FL 33830		

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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: GARY J. VAN GRONDELLE MGRM 07/29/2009