

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082711

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** FARRIS ACCOUNTING SERVICES, LLC

**Current Principal Place of Business:**

81 SAN MARCO AVENUE  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

81 SAN MARCO AVENUE  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 26-3297124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHEPPARD, SEAN P ESQ.  
C/O SHEPPARD & SHEPPARD, P.A.  
1301 PLANTATION DRIVE SOUTH, STE. 204-A  
ST. AUGUSTINE, FL 320803111 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:** FARRIS, KRISTIN  
**Address:** 81 SAN MARCO AVENUE  
**City-St-Zip:** ST. AUGUSTINE, FL 32084

**ADDITIONS/CHANGES:**

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

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:** KRISTIN FARRIS

MGRM

04/09/2009

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