

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000082711

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

200 MALAGA STREET, SUITE ONE  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

200 MALAGA STREET, SUITE ONE  
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  
**Name:** FARRIS, KRISTIN  
**Address:** 200 MALAGA STREET, SUITE ONE  
**City-St-Zip:** ST. AUGUSTINE, FL 32084

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: KRISTIN FARRIS

MGRM

02/07/2012

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