

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087785

Entity Name: M.L. ARBOGAST, CPA, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

108 WEST NEW HAVEN AVE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

108 WEST NEW HAVEN AVE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-1503355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARBOGAST, MICHAEL L
108 WEST NEW HAVEN AVE
MELBOURNE, FL 32901 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: ARBOGAST, MICHAEL L
Address: 108 WEST NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Delete
Name: ARBOGAST, MARK G
Address: 108 WEST NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES:

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

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: MARK G. ARBOGAST

MGM

04/30/2009

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