## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093082

Entity Name: ACCOUNTING SOLUTIONS OF TAMPA BAY LLC

FILED Feb 24, 2009 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

4142 SINCLAIR PLACE 8823 CITRUS VILLAGE DR LAND O'LAKES, FL 34639

303

TAMPA, FL 33626

ADDITIONS/CHANGES:

**Current Mailing Address: New Mailing Address:** 

8823 CITRUS VILLAGE DR 4142 SINCLAIR PLACE

LAND O'LAKES, FL 34639 303 TAMPA, FL 33626

FEI Number: 66-0719051 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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:

Title: () Delete (X) Change ( ) Addition

HOLLAND, STACY A HOLLAND, STACY A Name: Name: Address: 4142 SINCLAIR PLACE Address: 8823 SINCLAIR PL, #303 City-St-Zip: LAND O'LAKES, FL 34639 City-St-Zip: TAMPA, FL 33626

Title: () Delete Title: (X) Change ( ) Addition

Name: HOLLAND, STACY A Name: HOLLAND, STACY A

Address: 4142 SINCLAIR PLACE Address: 8823 CITRUS VILLAGE DR. #303

City-St-Zip: LAND O'LAKES, FL 34639 City-St-Zip: TAMPA, FL 33626

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: STACY A. HOLLAND 02/24/2009