

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000097528

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** MITRE ACCOUNTING & TAX SERVICES, LLC.

**Current Principal Place of Business:**

1390 N HANCOCK RD  
202-1  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

4327 US HWY 27  
SUITE 311  
CLERMONT, FL 34711 US

**New Mailing Address:**

**FEI Number:** 26-3539936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOTT, CAROL A  
4327 US HWY 27  
SUITE 311  
CLERMONT, FL 34711 US

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

SCOTT, AUNDRE W  
4327 US HWY 27  
SUITE 311  
CLERMONT, FL 34711 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: AUNDRE W. SCOTT

04/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SCOTT, CAROL A  
Address: 4327 US HWY 27 STE 311  
City-St-Zip: CLERMONT, FL 34711 US

Title: MGR  
Name: SCOTT, AUNDRE A  
Address: 4327 US HWY 27, SUITE 311  
City-St-Zip: CLERMONT, FL 34711 US

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: AUNDRE SCOTT

MBR

04/12/2012

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