

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000104464

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** INTEGRAL TAX, ACCOUNTING & FINANCIAL SERVICES LLC

**Current Principal Place of Business:**

569 PALIO COURT  
OCOE, FL 34761 US

**New Principal Place of Business:**

**Current Mailing Address:**

569 PALIO COURT  
OCOE, FL 34761 US

**New Mailing Address:**

**FEI Number:** 26-3711815      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

AHMED, SYED A  
569 PALIO COURT  
OCOE, FL 34761 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: MGR ( ) Delete  
Name: AHMED, SYED A  
Address: 569 PALIO COURT  
City-St-Zip: OCOE, FL 34761

**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: SYED AHMED

MGR

04/30/2009

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