

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000117583

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** MAINWARING ACCOUNTING AND TAX SERVICES, LLC

**Current Principal Place of Business:**

4452 BLACK ALDER COURT  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

4452 BLACK ALDER COURT  
JACKSONVILLE, FL 32258

**New Mailing Address:**

**FEI Number:** 20-3959343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ, LEANNE  
9309 OLD KINGS ROAD SOUTH, STE. 1  
JACKSONVILLE, FL 32257 US

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

JAMES, MAINWARING  
4452 BLACK ALDER CT  
JACKSONVILLE, FL 32258 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: JAMES MAINWARING

04/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MAINWARING, JAMES M  
Address: 4452 BLACK ALDER COURT  
City-St-Zip: JACKSONVILLE, FL 32258

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: JAMES MAINWARING

PRES

04/21/2010

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