

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055065

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** LESTER ACCOUNTING SERVICE SOLUTIONS LLC

**Current Principal Place of Business:**

2404 RUTH HENTZ AVENUE  
SUITE B  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

390 SOUTH TYNDALL PARKWAY  
#167  
PANAMA CITY, FL 32404

**New Mailing Address:**

**FEI Number:** 26-4445542

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LESTER, ERICA D  
109 SIMS AVENUE  
PANAMA CITY, FL 32404 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  
**Name:** LESTER, ERICA D  
**Address:** 109 SIMS AVENUE  
**City-St-Zip:** PANAMA CITY, FL 32404

**Title:** MGRM  
**Name:** LESTER, LOUIS D  
**Address:** 109 SIMS AVENUE  
**City-St-Zip:** PANAMA CITY, FL 32404

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:** ERICA D. LESTER

MGRM

04/19/2011

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