

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000080168

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** B&T PROFESSIONAL ACCOUNTING AND TAX SERVICES, L.L.C.

**Current Principal Place of Business:**

3428 PINETREE STREET  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

2825 TAMiami TRAIL  
PUNTA GORDA, FL 33950 US

**Current Mailing Address:**

3428 PINETREE STREET  
PORT CHARLOTTE, FL 33952 US

**New Mailing Address:**

**FEI Number:** 27-0763996      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BONNIE, POINDEXTER M  
3428 PINETREE STREET  
PORT CHARLOTTE, FL 33952 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:** WILLIAM, POINDEXTER E SR.  
**Address:** 3428 PINETREE STREET  
**City-St-Zip:** PORT CHARLOTTE, FL 33952 US

**Title:** MGRM  
**Name:** BONNIE, POINDEXTER M  
**Address:** 3428 PINETREE STREET  
**City-St-Zip:** PORT CHARLOTTE, FL 33952 US

**Title:** MGRM  
**Name:** TAMMY, DAILY S  
**Address:** 3428 PINETREE STREET  
**City-St-Zip:** PORT CHARLOTTE, FL 33952 US

**Title:** MGRM  
**Name:** CHARLES, DAILY E JR.  
**Address:** 3428 PINETREE STREET  
**City-St-Zip:** PORT CHARLOTTE, FL 33952 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: BONNIE POINDEXTER      MGRM      04/13/2010

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