

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000016684

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** ANCIENT CITY ACCOUNTING LLC

**Current Principal Place of Business:**

2465 US HWY 1  
PMB #9  
SAINT AUGUSTINE, FL 32086

**New Principal Place of Business:**

11A OLD MISSION AVE  
SAINT AUGUSTINE, FL 32084

**Current Mailing Address:**

232 N. HIDDEN TREE DRIVE  
SAINT AUGUSTINE, FL 32086

**New Mailing Address:**

11A OLD MISSION AVE  
SAINT AUGUSTINE, FL 32084

**FEI Number:** 27-1892441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FADER, KIMBALLEE A  
232 N. HIDDEN TREE DRIVE  
SAINT AUGUSTINE, FL 32086 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:** FADER, KIMBALLEE A  
**Address:** 232 N. HIDDEN TREE DRIVE  
**City-St-Zip:** SAINT AUGUSTINE, FL 32086

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:** KIMBALLEE FADER

MGRM

02/14/2011

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