

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11676

FILED
Apr 09, 2009
Secretary of State

Entity Name: L & L AUDITING SERVICES, INC.

Current Principal Place of Business:

1515 UNIVERSITY DRIVE
#220
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

1515 UNIVERSITY DRIVE
#220
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 65-0138563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDSAY, JUANITA
12575 NW 67 DRIVE
PARKLAND, FL 33076 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LINDSAY, JUANITA
Address: 12575 N.W. 67TH DRIVE
City-St-Zip: PARKLAND, FL 33076

Title: STD () Delete
Name: LINDSAY, RAY
Address: 12575 N.W. 67TH DRIVE
City-St-Zip: PARKLAND, FL 33076

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: LINDSAY, WILLIAM VP
Address: 4223 NW 83 LANE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP () Change (X) Addition
Name: SMITH, DANIEL VP
Address: 1249 SW 3 TERRACE
City-St-Zip: POMPANO BEACH, FL 33060

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY LINDSAY

STD

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date