

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006656

Entity Name: ACCESS ABILITY ONE, LLC

**FILED**  
**Feb 12, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

60 EAST SIMPSON AVENUE  
JACKSON, WY 83001

**New Principal Place of Business:**

171 QUAIL POND CIR  
CASSELBERRY, FL 32707

**Current Mailing Address:**

60 EAST SIMPSON AVENUE  
JACKSON, WY 83001

**New Mailing Address:**

PO BOX 1  
CASSELBERRY, FL 327180157

FEI Number: 20-3727614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DETWEILER, GERRI  
1037 GREYSTONE LANE  
SARASOTA, FL 34232 US

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

SELPH, LILIAN  
171 QUAIL POND CIRCLE  
CASSELBERRY, FL 327180157 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: LILIAN SLEPH

02/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SELPH, LILIAN C  
Address: 60 EAST SIMPSON AVENUE  
City-St-Zip: JACKSON, WY 83001

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SELPH, LILIAN C  
Address: 171 QUAIL POND CIRCLE  
City-St-Zip: CASSELBERRY, FL 327180157

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 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: LILIAN SELPH

MS

02/12/2009

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