

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000077052

**Entity Name:** AMERICAN ACCOUNTING SOLUTIONS, LLC

**Current Principal Place of Business:**

3618 WEST FLAGLER ST  
SUITE#5  
MIAMI, FL 33135

**Current Mailing Address:**

3618 WEST FLAGLER ST  
SUITE#5  
MIAMI, FL 33135

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MEDINA, PATRICIA  
3618 WEST FLAGLER ST  
SUITE#5  
MIAMI, FL 33135 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name PATRICIA, MEDINA G  
Address 3618 W FLAGLER ST  
City-State-Zip: MIAMI FL 33135

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA G MEDINA

MGRM

04/12/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date