

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000057307

**Entity Name:** ACCOUNT ON ME BOOKKEEPING SERVICE LLC

**Current Principal Place of Business:**

8474 DEL LAGO CIRCLE UNIT 103  
TAMPA, FL 33614

**Current Mailing Address:**

8474 DEL LAGO CIRCLE UNIT 103  
TAMPA, FL 33614

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WELLS, CHERIE A  
8474 DEL LAGO CIRCLE UNIT 103  
TAMPA, FL 33614 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 AUTHORIZED MEMBER  
Name WELLS, CHERIE ANTOINETTE  
Address 8474 DEL LAGO CIRCLE UNIT 103  
City-State-Zip: TAMPA FL 33614

*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:** CHERIE A. WELLS

**OWNER**

**04/25/2021**

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

\_\_\_\_\_  
Date