



CHARTERED ACCOUNTANT

Business Focused Solutions

A.B.N. 16 230 504 491
 PO Box 354, ASPLEY QLD 4034
 Phone (07) 3263 5200 Fax (07) 3263 4830

Megan And Marcel
 The Lelievre Super Fund
 14 Ashley Road
 CHERMSIDE WEST QLD 4032

Tax Invoice
204415
 Ref: LELI0005
 13 January, 2020

Description	Amount
<p>TO CORPORATE REGISTRY SERVICES</p> <p>Preparation of the Australian Securities & Investments Commission Company Annual Statement Package for the 2019/20 financial year.</p> <p>General company secretarial services relating to maintaining an up to date company register as required by the Corporations Law, where applicable and adhering to the requirements of the Registered Office (as below).</p> <p>Registered Office - Is the address which is registered with ASIC as the official address of a company, an association or any other legal entity. Generally it will form part of the public record. It does not have to be where the organisation conducts its business. The Registered Office of a Company must be open: ·For such hours (being no fewer that 3) between 9am and 5pm on each business day or ·Each business day from at least 10am to 12noon and from at least 2pm to 4pm; A representative of the company must be present at all times when the office is open.</p> <p>Always be aware of your company review dates and company office holder's duties link to ASIC for more information http://www.asic.gov.au/company-officeholders*</p>	235.00

Terms: Strictly Seven Days **AMT Due \$ 235.00**

The Amount Due Includes GST of \$21.36
 * Indicates Taxable Supply

Refer to our Terms of Trade on our website www.taxonline.com.au
 REMINDER - TAX RETURNS AND BAS'S WILL NOT BE LODGED UNTIL PAYMENT OF INVOICE

Remittance Advice.		Invoice: 204415
The Lelievre Super Fund		Ref: LELI0005
*Cheque *Cash *M/card & VISA Only		13 January, 2020
*Direct Deposit - please use Invoice No. as your REFERENCE		
Senrico Pty Ltd --- BSB 484 799 Acc 167 066 970		Amt Due: \$ 235.00
Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Validation No. <input type="text"/> <input type="text"/> <input type="text"/>
Cardholder	Signature	Expiry Date/.....