

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033950

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: BEST TAX CENTER 14TH STREET, LLC

**Current Principal Place of Business:**

C/O GENERIC INSURANCE AGENCIES OF N CENTRA  
330 N.E. 39TH AVENUE, SUITE B  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GENERIC INSURANCE AGENCIES OF N CENTRA  
330 N.E. 39TH AVENUE, SUITE B  
GAINESVILLE, FL 32609

**New Mailing Address:**

FEI Number: 65-1041409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HASNER, MARK M ESQ  
C/O THERREL BAISDEN, P.A.  
ONE S.E. 3RD AVENUE, SUITE 2400  
MIAMI, FL 33131 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RUBIERA, NIRIO J MGR  
Address: 1670 SE PORT ST LUCIE BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES:**

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

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: NIRIO J RUBIERA

MGR

04/30/2007

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