2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State

DOCUMENT # L05000023268 1. Entity Name LCI TAX & ACCOUNTING SOLUTIONS, LLC					03-10-2008 90334 045 ***138.75			
Principal Place of Business: 1801 MORGAN'S MILL CIRCLE ORLANDO, FL 32825		Mailing Address 1801 MORGAN'S MILL CIRCLE ORLANDO, FL 32825			. (013421	E8 8 11169 11 10 8 110	1(21 M) (81
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042008	Chg-LLC	CR2E083 (12/06))
City & State		City & State		4. FEI Numbe 56-2512		4	pplied For lot Applicable	
Zip	Country	Zip	Country	. 		of Status Desired	\$5.00 Ac Fee Requir	
	6. Name and Address of Current	Registered Agent	- N	ame	7. Name and	Address of New R	Registered Agent	
I'ANSON, LINDA C 1801 MORGAN'S MILL CIRCLE ORLANDO, FL 32825				Street Address (P.O. Box Number is Not Acceptable)				
		·	C	ity			FL Zip Co	de
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered signal and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75					Make check payable to Florida Department of State			
9. , .	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES	
NAME , STREET ADDRESS CITY-ST-ZIP	MS. I'ANSON, LINDA C PRES 1801-MORGAN'S MILL CIRCLE ORLANDO, FL 32825	☐ Delete	TITLE NAME STREET ADT CITY-ST-Z	DRESS 1801	nson, h Morgani ando F	inda C. MIII Ci L 3282	Prchange irde 5-8294	Addition
"THILE NAME STREET ADDRESS CHTY-ST-ZIP		€ Delete	TITLE NAME STREET ADI CITY-ST-Z	ORESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THLE NAME STREET ADI CITY-SI 2		. 46-		☐ Change	☐ Addition
HILE NAME STREET ADDRESS CHY-ST-ZIP		. Delete	TITLE NAME STREET ADD CITY-ST-Z				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-2				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADD CITY-ST-Z				Change	Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 exercise empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MACO C. Y UNSUR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #