

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000073709

**Entity Name:** TAX & FINANCIAL STRATEGISTS, LLC

**Current Principal Place of Business:**

28089 VANDERBILT DRIVE, SUITE 201  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

28089 VANDERBILT DRIVE, SUITE 201  
BONITA SPRINGS, FL 34134 US

**FEI Number:** 26-3083303

**Certificate of Status Desired:** No

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

WANDERON, THOMAS  
4902 ESPLANADE STREET  
BONITA SPRINGS, FL 34134 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 MGR  
Name TW MANAGEMENT & CONSULTING  
OF SW FL., INC.  
Address 4902 ESPLANADE STREET  
City-State-Zip: BONITA SPRINGS FL 34134

Title MGRM  
Name NO HOLDS BARRED COMPANY  
Address 28089 VANDERBILT DRIVE, SUITE 201  
City-State-Zip: BONITA SPRINGS FL 34134

Title MGRM  
Name LYN SCHANTZ, E.A., P.A.  
Address 28089 VANDERBILT DRIVE, SUITE 201  
City-State-Zip: BONITA SPRINGS FL 34134

*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:** TW MANAGEMENT & CONSULTING OF SW FL., INC MGR

04/19/2018

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

\_\_\_\_\_ Date