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. 03/07/2016

SIGNATURE: NELL S. POZZI

Electronic Signature of Signing Authorized Person(s) Detail

105 BEACH STREET PONCE INLET. FL 32127-7213 US

FEI Number: 27-0726666

PONCE INLET, FL 32127-7213

Current Mailing Address:

105 BEACH STREET

Name and Address of Current Registered Agent:

Entity Name: NELL'S TAX CONSULTING , LLC

Current Principal Place of Business:

POZZI, NELL S 105 BEACH STREET PONCE INLET, FL 32127-7213 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

Authorized Person(s) Detail :

Title	PRES	Title	TREA
Name	POZZI, NELL S	Name	KNEECE, MADALYN M
Address	105 BEACH STREET	Address	105 BEACH ST.
City-State-Zip:	PONCE INLET FL 32127-7213	City-State-Zip:	PONCE INLET FL 32127-7213

PRESIDENT

Secretary of State CC5289358310

Certificate of Status Desired: Yes

FILED Mar 07, 2016

Date

Date

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L09000077980

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