

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000093020

**Entity Name:** LANDI ASSOCIATED TAX SERVICES, LLC

**Current Principal Place of Business:**

35246 US HWY. 19 N  
UNIT 142  
PALM HARBOR, FL 34684

**Current Mailing Address:**

P.O. BOX 177  
PALM HARBOR, FL 34682 US

**FEI Number:** 20-8222384

**Certificate of Status Desired:** No

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

LANDI, MICHAEL  
28870 US HWY 19 N.  
SUITE 300  
CLEARWATER, FL 33761 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            PRINCIPAL  
Name            LANDI, MICHAEL F  
Address         P.O. BOX 177  
City-State-Zip: PALM HARBOR FL 34682

*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:** MICHAEL F LANDI

**PRINCIPAL**

**08/31/2020**

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

\_\_\_\_\_  
Date