

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000016370

Entity Name: TAXPAYER ALLIANCE SERVICES LLC

Current Principal Place of Business:

6437 NW 99TH AVENUE
PARKLAND, FL 33076

Current Mailing Address:

PO BOX 2130
FORT LAUDERDALE, FL 33303 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZALKA, BRENDA
6437 NW 99TH AVE
PARKLAND, FL 33076 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 MGMR
Name ZALKA, ADAM
Address 6437 NW 99TH AVENUE
City-State-Zip: PARKLAND FL 33076

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADAM ZALKA

MGMR

04/19/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date