

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000281668

Entity Name: ALASKA INCOME TAX SERVICES LLC**Current Principal Place of Business:**485 NW 27TH AVE
MIAMI, FL 33125**Current Mailing Address:**485 NW 27TH AVE
MIAMI, FL 33125 US**FEI Number:** 85-3429138**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTILLO, MARITZA
485 NW 27TH AVE
MIAMI, FL 33125 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 | AMBR |
| Name | CASTILLO, MARITZA |
| Address | 485 NW 27TH AVE |
| City-State-Zip: | MIAMI FL 33125 |

| | |
|-----------------|-------------------|
| Title | MGR |
| Name | CASTILLO, MARITZA |
| Address | 485 NW 27TH AVE |
| City-State-Zip: | MIAMI FL 33125 |

| | |
|-----------------|-----------------|
| Title | AMBR |
| Name | CASTILLO, RAMON |
| Address | 485 NW 27TH AVE |
| City-State-Zip: | MIAMI FL 33125 |

| | |
|-----------------|-----------------|
| Title | MGR |
| Name | CASTILLO, RAMON |
| Address | 485 NW 27TH AVE |
| City-State-Zip: | MIAMI FL 33125 |

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: MARITZA CASTILLO

MBR

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date