

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000517282

Entity Name: 1800TAXLIENS.COM LLC**Current Principal Place of Business:**2045 NE 24TH AVE
22
POMPANO BEACH, FL 33062**Current Mailing Address:**2045 NE 24TH AVE
22
POMPANO BEACH, FL 33062**FEI Number:** 87-4354670**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CASTILLO, KALEIGH
2045 NE 24TH AVE
22
POMPANO BEACH, FL 33062 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 PRES
Name HARVISON, JACOB
Address 8402 HARMON ST
City-State-Zip: DAPHNE AL 36562Title CEO
Name CASTILLO, KALEIGH
Address 2045 NE 24TH AVE APT 22
City-State-Zip: POMPANO BEACH FL 33062Title VP
Name FOSTER, ARLA
Address 6020 COYLA AVE NW
City-State-Zip: CANAL FULTON OH 44614Title MGR
Name SERRANO, WANDA
Address 2045 NE 24TH AVE
City-State-Zip: POMPANO BEACH FL 33062Title SEC
Name HARVISON, ELIZABETH
Address 8402 HARMON ST
City-State-Zip: DAPHNE AL 36526

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: KALEIGH CASTILLO

CEO

01/31/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date