

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000531155

**Entity Name:** TAX HELP FOUNDATION LLC

**Current Principal Place of Business:**

400 E HWY 50  
SUITE 1  
CLERMONT, FL 34711

**Current Mailing Address:**

PO BOX 1399  
MINNEOLA, FL 34711

**FEI Number:** 92-1772083

**Certificate of Status Desired:** No

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

SOLUTIONS  
400 E HWY 50  
SUITE 1  
CLERMONT, FL 34711 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 MGR  
Name BATES, KIMBERELY  
Address 400 E HWY 50  
City-State-Zip: CLERMONT FL 34711

*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:** KIMBERELY BATES, MGR

MGR

01/17/2023

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

\_\_\_\_\_  
Date