


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000007214
 1. Entity Name
 TAXADVANTAGE OF LAKELAND, LLC



Principal Place of Business
 3500 S. FLORIDA AVENUE, NO. 5
 LAKELAND, FL 33803

Mailing Address
 3500 S. FLORIDA AVENUE, NO. 5
 LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE



04252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1020733	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, MARTHA
 3500 S. FLORIDA AVENUE, NO. 5
 LAKELAND, FL 33803

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

DATE
 L00000007214
 05/20/08-80075-010 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BELL, MARTHA 3500 S FLORIDA AVE #5 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELL, TERRY 4736 SOUTHWOOD LANE LAKELAND, FL 33813
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: *Martha Bell* Date 4-25-08 Daytime Phone # 863 647 3112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE