

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007214

FILED
Apr 28, 2009
Secretary of State

Entity Name: TAXADVANTAGE OF LAKELAND, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

215 IMPERIAL BLVD
B-1
LAKELAND, FL 33803

Current Mailing Address:

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

New Mailing Address:

215 IMPERIAL BLVD
B-1
LAKELAND, FL 33803

FEI Number: 65-1020733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BELL, MARTHA
215 IMPERIAL BLVD
B-1
LAKELAND, FL 33803 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: MARTHA BELL

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: M () Delete
Name: BELL, MARTHA
Address: 3500 S FLORIDA AVE #5
City-St-Zip: LAKELAND, FL 33803

Title: MGRM () Delete
Name: BELL, TERRY
Address: 4736 SOUTHWOOD LANE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BELL, MARTHA
Address: 215 IMPERIAL BLVD, STE B-1
City-St-Zip: LAKELAND, FL 33803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: MARTHA BELL

MGR

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date