## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000000554

Entity Name: TAX SERVICES OF AMERICA, LLC

**FILED** Mar 13, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1220 DELAWARE AVENUE 609 IXORIA AVE

FORT PIERCE, FL 34950 ŪNIT 1

FORT PIERCE, FL 34982

**Current Mailing Address: New Mailing Address:** 

2552 SW WARWICK ST P O BOX 7606

PORT ST LUCIE, FL 34984 PORT ST LUCIE, FL 34985

FEI Number: 65-1094915 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

BURGIS, SANDRA K BURGIS, SANDRA K 2552 SW WARWICK ST 609 IXORIA AVE PORT ST LUCIE, FL 34984 US UNIT 1

FORT PIERCE, FL 34982 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: SANDRA K BURGIS 03/13/2008

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change ( ) Addition () Delete

BURGIS, SANDRA K BURGIS, SANDRA K Name: Name: 2552 SW WARWICK ST Address: P O BOX 7606 Address:

City-St-Zip: PORT ST LUCIE, FL 34984 City-St-Zip: PORT ST LUCIE, FL 34985

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition

BURGIS, CHARLES E SR. Name: BURGIS, CHARLES E SR. Name:

Address: 2552 SW WARWICK ST Address: P O BOX 7606 City-St-Zip: PORT ST LUCIE, FL 34984 City-St-Zip: PORT ST LUCIE, FL 34985

MGR ( ) Delete Title:

Title: () Change () Addition STUBBLEFIELD, KARLA Y Name: Name:

94 BLACKHALL STREET Address: Address: City-St-Zip: NEW LONDON, CT 06320 City-St-Zip:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

Name: BURGIS, ANDREW R Name: BURGIS, ANDREW R Address: 40 CRYSTAL AVE #C31 Address: 66 CONNECTICUT BLVD City-St-Zip: NEW LONDON, CT 06320 City-St-Zip: OAKDALE, CT 06370 M

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: SANDRA K BURGIS **MGRM** 03/13/2008