

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 21, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L02000005448**

**1. Entity Name  
TAX & ACCOUNTING SOLUTIONS, L.L.C.**



**Principal Place of Business  
15881 SHAMROCK DR  
FT MYERS, FL 33912**

**Mailing Address  
15881 SHAMROCK DR  
FT MYERS, FL 33912**



02132005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
02-0564781**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**STROEMER, WENDI D  
15881 SHAMROCK DR  
FT MYERS, FL 33912**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TUSCAN, BECKY J  
21131 CAPTAIN NELSON CT  
ALVA, FL 33920**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
STROEMER, WENDI D  
15881 SHAMROCK DR  
FT MYERS, FL 33912**

**TITLE  
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CITY-ST-ZIP**

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NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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02/21/05-80088-018 55.00

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Wendi Stroemer*

*2/17/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #