


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 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
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03252006No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0564781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 STROEMER, WENDI D
 15881 SHAMROCK DR
 FT MYERS, FL 33912

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006

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
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15881 SHAMROCK DR
 FT MYERS, FL 33912-0000

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: Wendi Stroemer Date: 3/25/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE