

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005448

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: TAX & ACCOUNTING SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

15881 SHAMROCK DRIVE  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

15881 SHAMROCK DRIVE  
FORT MYERS, FL 33912

**New Mailing Address:**

FEI Number: 02-0564781      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

STROEMER, WENDI D  
15881 SHAMROCK DRIVE  
FORT MYERS, FL 33912      US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STROEMER, WENDI D  
Address: 15881 SHAMROCK DRIVE  
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM ( ) Delete  
Name: STROEMER, JOHN H  
Address: 15881 SHAMROCK DRIVE  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES:**

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

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: WENDI STROEMER

MGR

01/08/2008

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