

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90038 050 ****50.00

DOCUMENT # L02000028369

1. Entity Name
L & B TAX SERVICES, LLC



Principal Place of Business
**100 NE 15TH STREET, SUITE 204
HOMESTEAD, FL 33030**

Mailing Address
**100 NE 15TH STREET, SUITE 204
HOMESTEAD, FL 33030**

2. Principal Place of Business
**224 Washington Ave.
Suite, Apt. #, etc.
5**

3. Mailing Address
**P.O. BOX 970536
Suite, Apt. #, etc.**



04192006 Chg-LLC CR2E083 (11/05)

City & State
**Homestead FL
Zip 33030 Country Dade**

City & State
**Miami FL
Zip 33197 Country Dade**

4. FEI Number
16-1634827 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRANCIS, LEON
100 NE 15TH STREET, SUITE 204
HOMESTEAD, FL 33030**

7. Name and Address of New Registered Agent

Name **Francis, Leon**
Street Address (P.O. Box Number is Not Acceptable) **224 Washington Ave. #5**
City **Homestead FL** Zip Code **33030**

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 **Leon Francis** (NOTE: Registered Agent signature required when resigning) **4/19/06** DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCIS, LEON 10835 SW 157TH TERRACE MIAMI, FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Leon Francis** **4/19/06** **305 247 0011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #