

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033951

FILED
Apr 30, 2009
Secretary of State

Entity Name: BEST TAX CENTER MAIN ST., LLC

Current Principal Place of Business:

C/O GENERIC INSURANCE AGENCIES OF N CENTRA
338 N.E. 39TH AVENUE, SUITE B
GAINESVILLE, FL 32609

New Principal Place of Business:

C/O GENERIC INSURANCE AGENCIES OF N CENTRA
420 NW 39TH AVE
GAINESVILLE, FL 32609

Current Mailing Address:

C/O GENERIC INSURANCE AGENCIES OF N CENTRA
338 N.E. 39TH AVENUE, SUITE B
GAINESVILLE, FL 32609

New Mailing Address:

C/O GENERIC INSURANCE AGENCIES OF N CENTRA
420 NW 39TH AVE
GAINESVILLE, FL 32609

FEI Number: 65-1041409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASNER, MARK M ESQ
C/O THERREL BAISDEN, P.A.
ONE SE 3RD AVENUE, SUITE 2400
MIAMI, FL 33131 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: MGR () Delete
Name: RUBIERA, NIRIO J
Address: 1670 SE PORT ST LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES:

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: NIRIO J RUBIERA

MGR

04/30/2009

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