

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


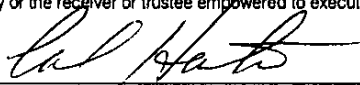
**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90149 024 \*\*\*138.75

60015875



03172008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000037431</b>			
1. Entity Name <b>PREMIERE TAX SERVICES, LLC</b>			
Principal Place of Business <b>441 N. DEL PRADO BLVD. SUITE 10 CAPE CORAL, FL 33909</b>		Mailing Address <b>441 N. DEL PRADO BLVD. SUITE 10 CAPE CORAL, FL 33909</b>	
2. Principal Place of Business - No P.O. Box # <b>6023 26TH ST WEST</b> Suite, Apt. #, etc. <b>122</b>		3. Mailing Address <b>6023 26TH ST WEST</b> Suite, Apt. #, etc. <b>122</b>	
City & State <b>BRADENTON, FL</b>		City & State <b>BRADENTON, FL</b>	
Zip <b>34207</b>	Country <b>FLORIDA</b>	Zip <b>34207</b>	Country <b>FLORIDA</b>
4. FEI Number <b>20-1659305</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HANTON, CARL 441 N. DEL PRADO BLVD. SUITE 10 CAPE CORAL, FL 33909</b>		7. Name and Address of New Registered Agent Name <b>CARL HANTON</b> Street Address (P.O. Box Number is Not Acceptable) <b>6023 26TH ST WEST # 122</b> City <b>BRADENTON</b> FL Zip Code <b>34207</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANTON, CARL 441 N. DEL PRADO BLVD. CAPE CORAL, FL 33909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANTON, CARL 6023 26TH ST W # 122 BRADENTON, FL 34207 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: 		Date <b>3/15/08</b> Daytime Phone # <b>941-720-4868</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			