

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056794

Entity Name: GITA TAX PREP, L.L.C

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

500 STATE RD 436
2022
CASSELBERRY, FL 32707 US

Current Mailing Address:

500 STATE RD 436
2022
CASSELBERRY, FL 32707 US

New Principal Place of Business:

905 SW MAIN BLVD
115
LAKE CITY, FL 32025 US

New Mailing Address:

905 SW MAIN BLVD
115
LAKE CITY, FL 32025 US

FEI Number: 43-2067195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SONI, GITA
500 STATE RD 436
2022
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

SONI, GITA
115 SW ENCHANTED COURT
LAKE CITY, FL 32025 US

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: GITA SONI

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SONI, GITA
Address: 500 STATE RD 436, STE# 2022
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SONI, GITA
Address: 115 SW ENCHANTED COURT
City-St-Zip: LAKE CITY, FL 32025 US

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: GITA SONI

MGR

04/30/2007

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