

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000071674**

1. Entity Name  
**NFS TAX SERVICE, LLC**



Principal Place of Business  
**1945 SUNSET POINT ROAD, SUITE 1  
CLEARWATER, FL 33765**

Mailing Address  
**1945 SUNSET POINT ROAD, SUITE 1  
CLEARWATER, FL 33765**



03212006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-3125995**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEUMANN, ROBERT A  
1945 SUNSET POINT ROAD, SUITE 1  
CLEARWATER, FL 33765**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

1000000478450  
04/08/06-80006-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NEUMANN FINANCIAL SERVICES, INC.
STREET ADDRESS	1945 SUNSET POINT ROAD, SUITE 1
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	MGRM
NAME	NEUMANN, ROBERT A
STREET ADDRESS	1945 SUNSET POINT ROAD, SUITE 1
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/21/06

Date

707 441-2478

Telephone Number