

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000076088

**FILED**  
**Apr 22, 2005**  
**Secretary of State**

**Entity Name:** NORTH PORT TAX SERVICES LLC

**Current Principal Place of Business:**

11045 SOUTH TAMIAMI TRAIL  
NORTH PORT, FL 34287

**New Principal Place of Business:**

11045 TAMIAMI TRAIL SOUTH  
NORTH PORT, FL 34287

**Current Mailing Address:**

11045 SOUTH TAMIAMI TRAIL  
NORTH PORT, FL 34287

**New Mailing Address:**

11045 TAMIAMI TRAIL SOUTH  
NORTH PORT, FL 34287

**FEI Number:** 77-0651458

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZEEFF, MARTEL  
11045 SOUTH TAMIAMI TRAIL  
NORTH PORT, FL 34287 US

**Name and Address of New Registered Agent:**

ROBERTS, VICTORIA  
11045 TAMIAMI TRAIL SOUTH  
NORTH PORT, FL 34287 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: VICTORIA L ROBERTS

04/22/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ROBERTS, VICTORIA L  
Address: 11045 SOUTH TAMIAMI TRAIL  
City-St-Zip: NORTH PORT, FL 34287

**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 for the exemption stated in Section 119.07(3)(i), 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: VICTORIA L ROBERTS

MGRM

04/22/2005

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