

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000080865

1. Entity Name  
ALAS AN INCOME TAX COMPANY FOR PEOPLE, LLC



Principal Place of Business  
750 S. ORANGE BLOSSOM TRAIL, STE. 44  
ORLANDO, FL 32805

Mailing Address  
P.O. BOX 690371  
ORLANDO, FL 32869

2. Principal Place of Business

311 N Dollins Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 690371

Suite, Apt. #, etc.

City & State

Orl FL

City & State

Orlando FL

Zip

32805

Country

U.S.

Zip

32869

Country

U.S.

04292005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

Applied for

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TARLBERT, LORETTA  
750 S. ORANGE BLOSSOM TRAIL, STE. 44  
ORLANDO, FL 32805

7. Name and Address of New Registered Agent

Name

Loretta Tarlburt

Street Address (P.O. Box Number is Not Acceptable)

311 N Dollins Ave

City

Orlando

FL

Zip Code

32805

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

Loretta Tarlburt

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

(NOTE: Registered Agent signature required when reinstating)

4-29-05

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME TARLBERT, LORETTA  
STREET ADDRESS P.O. BOX 690371  
CITY-ST-ZIP ORLANDO, FL 32869

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

Loretta Tarlburt

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

4-29-05

Date

Daytime Phone #

1. RECEIVED MAY 03 2005  
FILED  
05 APR 29 PM 4:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

