

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90029 032 ****50.00

DOCUMENT # L04000084768	
1. Entity Name AMERICAN TAX & PAYROLL SERVICES, LLC.	

Principal Place of Business 221 LITTLE CREEK LANE WINTER SPRINGS, FL 32708 US	Mailing Address P.O BOX 5205 WINTER SPRINGS, FL 32719 US
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20032619



2. Principal Place of Business 1033 State Road 436 Suite, Apt. #, etc. Suite 237	3. Mailing Address 1033 State Road 436 Suite, Apt. #, etc. Suite 237
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04112005 Chg-LLC CR2E083 (10/03)

City & State Casselberry, Florida	City & State Casselberry, Florida
Zip 32707	Zip 32707
Country US	Country US

4. FEI Number 20-1913120	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GARCIA, MARIO A P A 400 N. FERN CREEK AVENUE ORLANDO, FL 32803	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSARIO, CRISTINA M 221 LITTLE CREEK LANE WINTER SPRINGS, FL 32708 <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	MGR ROSARIO, ANA 221 LITTLE CREEK LANE WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Ana Rosario 4/11/05 (407) 461-6338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #