

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000049015

**FILED**  
**Mar 10, 2006**  
**Secretary of State**

**Entity Name:** TAX SOFTWARE SOLUTIONS, LLC

**Current Principal Place of Business:**

1000 WEST MCNAB RD.  
SUITE 111  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

1000 WEST MCNAB RD.  
SUITE 111  
POMPANO BEACH, FL 33069 US

**New Mailing Address:**

**FEI Number:** 20-2876146      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** DORNFRIED, MARK S  
**Address:** 1000 WEST MCNAB RD.,  
**City-St-Zip:** SUITE 111, FL 33069 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** DORNFRIED, MARK S  
**Address:** 1000 WEST MCNAB RD. SUITE 111  
**City-St-Zip:** POMPANO BEACH, FL 33069 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK S DORNFRIED

MGRM

03/10/2006

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