

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000049015

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

1000 WEST MCNAB RD.  
SUITE 312  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

1000 WEST MCNAB RD.  
SUITE 312  
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:**

ALL FLORIDA FIRM INC  
813 DELTONA BLVD STE A BOX 1217099  
DELTONA, FL 32725 US

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

A1A REGISTERED AGENT INC.  
5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FL 33411 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: TINA MAKI, PRESIDENT

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DORNFRIED, MARK S  
Address: 1000 WEST MCNAB RD. SUITE 312  
City-St-Zip: POMPANO BEACH, FL 33069 US

**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 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

04/27/2009

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