

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056014

Entity Name: TAX PREPARATION LLC

FILED
Feb 13, 2008
Secretary of State

Current Principal Place of Business:

1007 N.E. 8TH AVENUE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

1007 N.E. 8TH AVENUE
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-3299630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAINES, WILLIAM D MR
1007 NE 8 AVE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

DAINES, WILLIAM D MGR
1007 NE 8 AVE
OCALA, FL 34470 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: WILLIAM DAINES

02/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAINES, WILLIAM
Address: 1007 N.E. 8TH AVENUE
City-St-Zip: OCALA, FL 34470

Title: MGR (X) Delete
Name: DAINES, YAN
Address: 1007 N.E. 8TH AVENUE
City-St-Zip: OCALA, FL 34470

Title: ST (X) Delete
Name: DAINES, WILLIAM
Address: 1007 N.E. 8TH AVENUE
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DAINES, WILLIAM MGR
Address: 1007 N.E. 8TH AVENUE
City-St-Zip: OCALA, FL 34470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM DAINES

MGR

02/13/2008

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