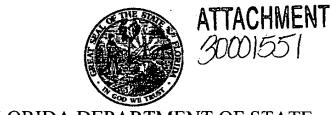
## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State **DOCUMENT #L05000093086** 02-13-2006 90194 004 \*\*\*\*50.00 1. Entity Name TAX SOLUTIONS PLUS, LLC Principal Place of Business Mailing Address 30001551 2706 ALT 19 2706 ALT 19 **SUITE 114** SUITE 114 PALM HARBOR, FL 31383 PALM HARBOR, FL 34683 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suita, Apt. #, etc. 01112006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FE) Number. Applied For 20-3503611 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRATEGIC TAX SOLUTIONS INC Street Address (P.O. Box Number is Not Acceptable) 2706 ALT 19 **SUITE 114** PALM HARBOR, FL 34683 Zip Code 8. The above named entity submits this state 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 Filing Fee I \$50 Make check psyable to Due by May 1, 2008 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MCRM TITLE ☐ Deleta TITLE ☐ Change ☐ Addition TAXPLUS, INC NAME STREET ADDRESS 2705 SUNSET POINT RD STREET ADDRESS CLEARWATER, FL 33759 (3(Y-S)-7P CITY-ST-ZP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition STRATEGIC TAX SOLUTIONS INC NAME ш STREET ADDRESS 2706 ALT 19 SUITE 114 STREET ADDRESS CITY-ST-DP PALM HARBOR, FL 34683 CTTY-ST-ZIP TITLE mu ☐ Delete ☐ Change ☐ Addition NAME MARKE STREET ACCRESS STREET ADDRESS CITY-5T-**ZIP** CITY-ST-ZZP TITLE TITLE ☐ Debito ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-719 TITLE ☐ Delota TOPE ☐ Change Addition NUME XAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CTY-51-2P TILLE ☐ Delete TITLE ☐ Change Addition NAME MAG STREET ACCORDES STREET ADDRESS CITY-ST-ZZP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

FILED

Mar 02, 2006 8:00 am



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2006

TAX SOLUTIONS PLUS, LLC 2706 ALT 19 SUITE 114 PALM HARBOR, FL 34683 BLOCK 4 COMPLETED

Subject: TAX SOLUTIONS PLUS, LLC

Reference Number:

L05000093086

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION