


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90194 004 \*\*\*\*50.00

<b>DOCUMENT # L05000093086</b>			
1. Entity Name TAX SOLUTIONS PLUS, LLC			
Principal Place of Business 2706 ALT 19 SUITE 114 PALM HARBOR, FL 31383		Mailing Address 2706 ALT 19 SUITE 114 PALM HARBOR, FL 34683	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STRATEGIC TAX SOLUTIONS INC 2706 ALT 19 SUITE 114 PALM HARBOR, FL 34683		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 		DATE 2/2/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAXPLUS, INC 2705 SUNSET POINT RD CLEARWATER, FL 33759 <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	MGRM STRATEGIC TAX SOLUTIONS INC 2706 ALT 19 SUITE 114 PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE 2/2/06 7277849010	
SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

30001551



01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3503611 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required



ATTACHMENT  
30001551

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 **has not been filed** 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