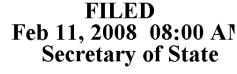
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L05000093086 1. Entity Name



TAX SOL	UTIONS PLUS, LLC			Secretary or St	au
Principal Piace of Business 2706 ALT 19 SUITE 114 PALM HARBOR FL 31383		Mailing Address 2706 ALT 19 SUITE 114 PALM HARBOR FL 34683			l
2. Principa: f	Place of Business - No P.O. Box #	3. Mailing Address			
Suite, Apt. #. etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/07)	
City & State		City & State		4. FEI Number 20-3503611 Applied Fo	
Ζιρ	Country	Zip	Couritry	5. Certificate of Status Desired S5.00 Additional Fee Required	acie
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent	
270	RATEGIC TAX SOLUTIONS IN 6 ALT 19 TE 114	1C	Street Andre	ess (P.O. Box Number is Not Acceptable)	
PAL	M HARBOR FL 34683				
!			Спу	FL Zip Code	
8. The above the obligation	e named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and acc	æpt
SIGNATURE			-		
	Signature, typed or printed name of registered agent a	•	Registered Abort signature req		
			V!!! FEE IS \$138. 008, Fee Will Be \$ to Florida Departr	538.75	
9.	MANAGING MEMBER	RS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	Change Add	dition
NAME	TAXPLUS, INC		NAME		
STREET ADDRESS CITY - ST- ZIP	2705 SUNSET POINT RD CLEARWATER FL 33759		STREET ADDRESS CITY-ST-Z:P	U00000822714 02/20/08-80009-01 <u>6</u> 138.75	
T:TLE NAME	MGRM STRATEGIC TAX SOLUTIONS INC.	☐ Delete	TITLE	☐ Change ☐ Add	tition
STREET ADDRESS	2706 ALT 19 SUITE 114		STREET ADDRESS		
CITY- ST- ZIP	PALM HARBOR FL 34683		GITY+ST-ZIP		
FOILE		☐ Delete	biti	☐ Change ☐ Ado	fition
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-Z-P		İ
TITLE		☐ Delete	TITLE	☐ Change ☐ Ado	dition
NAME			MAME		
STREET ADDRESS			STREET ADDRESS		
CHTY-ST-ZIP			CITY-ST-Z:P		
FITTLE		☐ Delete	TITLE	☐ Change ☐ Add	lition
NAME SIBEET ADDRESS			NAME STHEET ADDRESS		
CITY-ST-ZIP			CITY- ST- ZIP		
TITLE		☐ Detate	TITLE	☐ Change ☐ Ado	dition
NAME			NAME	_ , _	
STREET ADDRESS			STREET ADDRESS		
CITY · ST · ZIP			CITY ST-ZIP		
11 I herahy	certify that the information supplied with	this filing does not conside to	the averantions conte	sined in Section 119. Florida Statutes, I butther cartily that the information	on i

receipt centry trial trie miormation supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and arburate 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 hability company or the receipter or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/9/08 727 759 9010