## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 16, 2007 8:00 am Secretary of State DOCUMENT # L05000103955 04-03-2007 90124 019 \*\*\*\*50.00 1. Entity Name TOTAL TAX & FINANCIAL SOLUTIONS, LLC Mailing Address Principal Place of Business 100 \$ EDISON AVENUE 100 S EDISON AVENUE TAMPA FL 33606 TAMPA FL 33606 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) 4. FEI Number 3653 City & State Applied For City & State Not Applicable Zip Country Ziρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo MISH,-DARRIN T Street Address (P.O. Box Number is Not Acceptable) 100 S EDISON AVENUE SUITE A **TAMPA FL 33606** 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 Squature, typed or printed invincial represented interest and title 3 inprincable (NOTE: Flequisional Agent aignoture required when revealating DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES ПП 1180) MGRM ☐ Delete Change Addition NALE MISH, DARRIN T MALE STREET ADDRESS STRUCT ADDRESS 100 S EDISON AVENUE, STE. A CHY+SI-7# CITY ST 7IP **TAMPA FL 33606** ☐ Delete Title 11111 ■ Addition NAMI NAM STREET ADDRESS STREET ADDRESS CHY-St-ZIP CITY SE 7P DIST Delete ☐ Cliange Addition 0011 NAME NAM STREET ADORESS SIRVET ADDRESS offi Si AP 017-51-7# 1811 ☐ Defete HIII Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY ST //P Delete Hills Change 11111 Addition NAME NAM! SINCET ADDRESS STRUCT ADDRESS CUY ST 7P CHY-SI-20 ☐ Delete HILL ☐ Chance Addition. Dites NAM NAME SIPLET ADDRESS STREET ADDRESS

11. I heroby certify that the information supplied with this filing 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 accurate and that my signature shall have the same legal effect as if made under eath, that I am a managing member or manager of the fimited liability company or the jectiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NO MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-S1-ZIP

SIGNATURE:

CHY-SI-ZIP