

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123144

FILED  
Jun 03, 2007  
Secretary of State

**Entity Name:** HERNDON TAX & FINANCIAL ADVISORY SERVICES LLC

**Current Principal Place of Business:**

795 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34984

**New Principal Place of Business:**

8418 S US HWY 1  
LAKES PLAZA  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

795 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34984

**New Mailing Address:**

8418 S US HWY 1  
LAKES PLAZA  
PORT ST LUCIE, FL 34952

FEI Number: 20-4006729      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BIRAN C HERNDON PA  
795 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34984      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BIRAN C HERNDON PA,  
Address: 795 SE PORT ST LUCIE BLVD  
City-St-Zip: PORT ST LUCIE, FL 34984

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: BIRAN C HERNDON PA,  
Address: 8418 S US HWY 1  
City-St-Zip: PORT ST LUCIE, FL 34952

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: BIRAN HERNDON

MGRM

06/03/2007

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