

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036423

FILED
Apr 07, 2008
Secretary of State

Entity Name: TMT INCOME TAX AND BOOKING SERVICE LLC

Current Principal Place of Business:

2285 HWY 100 STE 219
BUNNELL, FL 32110

New Principal Place of Business:

1 FLORIDA PARK DRIVE SOUTH #324
PALM COAST, FL 32137

Current Mailing Address:

2285 HWY 100 STE 219
BUNNELL, FL 32110

New Mailing Address:

1 FLORIDA PARK DRIVE SOUTH #324
PALM COAST, FL 32137

FEI Number: 06-1774082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, ARTHUR
31 LEE DRIVE
PALM COAST, FL 32137 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: MGRM () Delete
Name: JACKSON, ARTHUR
Address: 31 LEE DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: MGRM () Delete
Name: JACKSON, TRACIE
Address: 3870 GERTIN STREET
City-St-Zip: HOUSTON, TX 77004

Title: MGRM () Delete
Name: COLE, LORI
Address: 213 GRAND HEIGHTS
City-St-Zip: MEMPHIS, TN 38109

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ARTHUR JACKSON

MM

04/07/2008

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