

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065884

FILED
Apr 26, 2007
Secretary of State

Entity Name: RIVER CITY TAX AND NOTARY SERVICES, LLC

Current Principal Place of Business:

156 SOUTH HWY 17/92
SUITE # 3
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

156 SOUTH HWY 17/92
SUITE # 3
DEBARY, FL 32713

New Mailing Address:

FEI Number: 20-5126308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORMAN, CHRISTINA M
156 SOUTH WY 17/92
SUITE 3
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

GORMAN, CHRISTINA M
156 SOUTH HWY 17/92
SUITE 3
DEBARY, FL 32713 US

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: CHRISTINA M GORMAN

04/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GORMAN, CHRISTINA M
Address: 156 SOUTH HWY 17/92
City-St-Zip: DEBARY, FL 32713

Title: MGR () Delete
Name: ABNER, BEVERLY L
Address: 734 NW 141 STREET
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GORMAN, CHRISTINA M
Address: 32 SMYRNA DRIVE
City-St-Zip: DEBARY, FL 32713

Title: MGRM (X) Change () Addition
Name: ABNER, BEVERLY L
Address: 734 NW 141 STREET
City-St-Zip: MIAMI, FL 33168

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: CHRISTINA M GORMAN

MGRM

04/26/2007

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