2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L06000065884

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:

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

Current Mailing Address:

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

New Mailing Address:

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

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 S HWY 1792
SUITE 3
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

GORMAN, CHRISTINA M
32 SMYRNA DRIVE
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 04/28/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM ( ) Delete
Name: ABNER, BEVERLY L
Address: 720 NW 141 STREET
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: ABNER, BEVERLY L
Address: 17 VOLUSIA DRIVE
City-St-Zip: DEBARY, FL 32713 US

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 04/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date