2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 01, 2007 8:00 am **Secretary of State**

05-08-2007 90112 041 ****50.00

DOCUMENT # L06000089932 1. Entity Name BJ ADAMS TAX SERVICES, LLC Principal Place of Business Mailing Address 30009464 805 S. KIRKMAN ROAD 805 S. KIRKMAN ROAD 203 203 ORLANDO, FL 32811 ORLANDO, FL 32811 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc-Chg-LLC CR2E083 (12/06) 4. FEI Number City & State City & State Applied For 71-1011686 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADAMS, BARBARA J Street Address (P.O. Box Number is Not Acceptable) 805 S. KIRKMAN ROAD SUITE 203 ORLANDO, FL 32811 Zip Code 9. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signalure required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. TITLE MGRM Delete TITLE ☐ Change Addition BARBARA, ADAMS NAME NAME STREET ADDRESS 805 S. KIRKMAN ROAD SUITE 203 STREET ADDRESS ORLANDO, FL 32811 CITY-ST-7IP CITY-ST-7IP TITLE Delete Addition NAME RAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change Addition NAME " NAME STREET ADDRESS STREET ADDRESS CHTY-ST-712 CATY-ST-ZIP Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAUK STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions certained in Chapter 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 legar effect as if made under path; that I am a managing member or manager of the limited kiability company or the receiver or trustee empowered to execute the report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR ALITHORIZED REPRESENTATIVE

Daytime Phone #