

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L07000003119**

1. Limited Liability Company's Name

Taxbreak Accounting Services, LLC

2. Principal Office Address - No P.O. Box #

2210 SW 48th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

2210 SW 48th Avenue

Suite, Apt. #, etc.

City & State

West Park, FL

City & State

West Park, FL

Zip

33023

Country

U.S.

Zip

33023

Country

U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/9/2007

6. FEI Number

36-4600282

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name **Graham Simpson**

Street Address (P.O. Box Number is Not Acceptable)

3180 NW 88th Avenue

Suite, Apt. #, Etc.

310

City

Sunrise

State

FL

Zip Code

33351

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Graham Simpson

Date

2/18/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Latoya Cason	2210 SW 48th Ave	West Park FL 33023
MGRM	Dwayne Cason	8610-H Sherman Circle #502	Miriemar FL 33085
			SSHAANWRES
			MAY 05 2010
			EXAMINER

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Latoya Cason

Date

1/25/10

Daytime Phone #

754-423-9110

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2010

TAX BREAK ACCOUNTING SERVICES, LLC
2210 SW 48TH AVE
WEST PARK, FL 33023

SUBJECT: TAX BREAK ACCOUNTING SERVICES, LLC
Ref. Number: L07000003119

We have received your document for TAX BREAK ACCOUNTING SERVICES, LLC and your check(s) totaling \$138.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$277.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 910A00004867

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Division of Corporations, P.O. BOX 6227, Tallahassee, Florida 32314