

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

01-10-2008 90020 050 ***138.75

30000440



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number ☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L07000039748
1. Entity Name
TAX HELP TODAY LLC



Principal Place of Business
**2225 IMPERIAL GOLF COURSE BLVD.
NAPLES, FL 34110**

Mailing Address
**P.O. BOX 112026
NAPLES, FL 34108**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**FULCHER, BARRY PRESTON
2225 IMPERIAL GOLF COURSE BLVD.
NAPLES, FL 34110**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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]* DATE **1-7-08**
Signature typed or printed name of registered agent is also acceptable (NOTE: Registered Agent signature required when remaining)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FULCHER, BARRY PRESTON 2225 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* DATE **1-7-08** DAYTIME PHONE **239-596-4651**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE