

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041044

FILED  
Feb 01, 2010  
Secretary of State

**Entity Name:** SYSPRO CONSULTANTS & TAX SERVICES LLC

**Current Principal Place of Business:**

109 BULOVA DRIVE S  
APOPKA, FL 32703

**New Principal Place of Business:**

109 BULOVA DRIVE S  
SYSPRO BUSINESS MANAGMENT  
APOPKA, FL 32703

**Current Mailing Address:**

109 BULOVA DRIVE S  
APOPKA, FL 32703

**New Mailing Address:**

109 BULOVA DRIVE S  
SYSPRO BUSINESS MANAGMENT  
APOPKA, FL 32703

**FEI Number:** 11-3824236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BIRD, CHRISTIAN D  
109 BULOVA DRIVE S  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRGO  
Name: SYSPRO BUSINESS MANAGEMENT SERVICES  
Address: 109 BULOVA DRIVE S  
City-St-Zip: APOPKA, FL 32703 US

Title: MRGP  
Name: BIRD, CHRISTIAN D  
Address: 109 BULOVA DRIVE S  
City-St-Zip: APOPKA, FL 32703 US

Title: MRGP  
Name: LOPEZ, MARGIE B  
Address: 1833 CONCORD DRIVE  
City-St-Zip: APOPKA, FL 32703 US

Title: MGRP  
Name: LOPEZ, HUMBERTO S  
Address: 1833 CONCORD DRIVE  
City-St-Zip: APOPKA, FL 32703

Title: MGRP  
Name: BIRD, DONNA  
Address: 109 S BULOVA DRIVE  
City-St-Zip: APOPKA, FL 32703

I hereby 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: MARGIE LOPEZ

MGRM

02/01/2010

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