

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055696

FILED
May 15, 2008
Secretary of State

Entity Name: TAX RETURN CENTER, LLC

Current Principal Place of Business:

13500 N. KENDALL DR. #129
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13500 N. KENDALL DR. #129
MIAMI, FL 33186

New Mailing Address:

FEI Number: 52-2450161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BEOVIDES, MICHAEL
13500 N. KENDALL DR. #129
MIAMI, FL 33186 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: MGR () Delete
Name: BEOVIDES, MICHAEL
Address: 13500 N. KENDALL DR. #129
City-St-Zip: MIAMI, FL 33186

Title: MGR () Delete
Name: BEOVIDES, MICHAEL
Address: 13500 N. KENDALL DR. #129
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: BEOVIDES, MICHAEL
Address: 13500 N. KENDALL DR. #129
City-St-Zip: MIAMI, FL 33186

Title: MGR (X) Change () Addition
Name: BEOVIDES, PEGGY
Address: 13500 N. KENDALL DR. #129
City-St-Zip: MIAMI, FL 33186

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: MICHAEL BEOVIDES

P

05/15/2008

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