

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080771

FILED
May 01, 2008
Secretary of State

Entity Name: TAXES , ACCOUNTING & CONSULTING SERVICES L.L.C.

Current Principal Place of Business:

11521 CLUMBET LANE
LEHIGH ACRES, FL 33971 US

New Principal Place of Business:

Current Mailing Address:

11521 CLUMBET LANE
LEHIGH ACRES, FL 33971 US

New Mailing Address:

FEI Number: 26-0670620 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:

COLON, ROSA
11521 CLUMBET LANE
LEHIGH ACRES, FL 33971 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: MGRM () Delete
Name: COLON, ROSA
Address: 11521 CLUMBET LANE
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: MGR () Delete
Name: ISABEL, ISIS
Address: 9540 NW 18 MANOR
City-St-Zip: PLANTATION, FL 33322 FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ISABEL, ISIS
Address: 9540 NW 18 MANOR
City-St-Zip: PLANTATION, FL 33322 US

Title: MGR (X) Change () Addition
Name: COLON, ROSA
Address: 11521 CLUMBET LANE
City-St-Zip: LEHIGH ACRES, FL 33971 FL

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: ISIS ISABEL

MRGM

05/01/2008

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