

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000103927

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

**Entity Name:** EAGLE EYE TAX SERVICE LLC

**Current Principal Place of Business:**

419 CAPE CORAL PARKWAY E  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

1217 E CAPE CORAL PARKWAY  
PMB #232  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 56-2678179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YORK, PHILIP F  
3426 SE 22ND PLACE  
CAPE CORAL, FL 33904 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  
Name: YORK, PHILIP F  
Address: 3426 SE 22ND PLACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM  
Name: YORK, JOANN  
Address: 3426 SE 22ND PLACE  
City-St-Zip: CAPE CORAL, FL 33904

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: PHILIP YORK

PRES

04/18/2010

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