

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116274

FILED  
Apr 27, 2008  
Secretary of State

Entity Name: XPRESS TAX SERVICE LLC

## Current Principal Place of Business:

3545-1 ST. JOHNS BLUFF RD.  
PMB 305  
JACKSONVILLE, FL 32224

## New Principal Place of Business:

506 LEWIS STREET  
MACCLENNY, FL 32063

## Current Mailing Address:

3545-1 ST. JOHNS BLUFF RD.  
PMB 305  
JACKSONVILLE, FL 32224

## New Mailing Address:

FEI Number: 26-1430393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OWENS, ARIELLE  
3545-1 ST. JOHNS BLUFF RD.  
PMB 305  
JACKSONVILLE, FL 32224 US

## Name and Address of New Registered Agent:

OWENS, ARIELLE  
506 LEWIS STREET  
MACCLENNY, FL 32063 US

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: ARIELLE OWENS

04/27/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: OWENS, ERIC  
Address: 3545-1 ST. JOHNS BLUFF RD. PMB 305  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR ( ) Delete  
Name: OWENS, ARIELLE  
Address: 3545-1 ST. JOHNS BLUFF RD. PMB 305  
City-St-Zip: JACKSONVILLE, FL 32224

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARIELLE OWENS

MGR

04/27/2008

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