

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000116274

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

**Entity Name:** XPRESS TAX SERVICE LLC

**Current Principal Place of Business:**

506 LEWIS STREET  
MACCLENNY, FL 32063

**New Principal Place of Business:**

**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  
506 LEWIS STREET  
MACCLENNY, FL 32063 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  
Name: OWENS, ERIC  
Address: 3545-1 ST. JOHNS BLUFF RD. PMB 305  
City-St-Zip: JACKSONVILLE, FL 32224

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

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: ARIELLE OWENS

MGR

06/18/2010

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