

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000116274

Entity Name: XPRESS TAX SERVICE LLC

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

506 LEWIS STREET  
MACCLENNY, FL 32063

**New Principal Place of Business:**

12010 SUNCHASE DRIVE  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

506 LEWIS STREET  
MACCLENNY, FL 32063

**New Mailing Address:**

12010 SUNCHASE DRIVE  
JACKSONVILLE, FL 32246

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:**

OWENS, ARIELLE  
12010 SUNCHASE DRIVE  
JACKSONVILLE, FL 32246 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

04/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: OWENS, ERIC  
Address: 12010 SUNCHASE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR  
Name: OWENS, ARIELLE  
Address: 12010 SUNCHASE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246

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

04/05/2012

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