

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127856

Entity Name: STYB TAX SERVICE, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

4200 CLARCONA-OCOEE RD
206
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1752 WEKIVA CROSSING BLVD
APOPKA, FL 32703

New Mailing Address:

4630 S KIRKMAN RD
ORLANDO, FL 32811

FEI Number: 26-1634071 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:

BLACK, THEODORA Y
1752 WEKIVA CROSSING BLVD
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

YORK, SHAUN
3115 S HILLTOP AVE
LAKELAND, FL 33801 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: SHAUN YORK

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: YORK, SHAUN
Address: 3115 S HILLTOP AVE
City-St-Zip: LAKELAND, FL 32803

Title: MGRM () Delete
Name: BLACK, THEODORA Y
Address: 1752 WEKIVA CROSSING BLVD
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: MCPHERSON, WILLIAM D
Address: 4630 S KIRKMAN RD
City-St-Zip: ORLANDO, FL 32811

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: SHAUN YORK

MRGM

05/01/2009

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