

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073709

**FILED**  
**Mar 28, 2009**  
**Secretary of State**

**Entity Name:** TAX & FINANCIAL STRATEGISTS, LLC

**Current Principal Place of Business:**

27268 BARBAROSA STREET  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

27268 BARBAROSA STREET  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

**FEI Number:** 26-3083303      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WANDERON, THOMAS  
27268 BARBAROSA STREET  
BONITA SPRINGS, FL 34135      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      ( ) Delete  
Name: TW MANAGEMENT & CONS, ULTING OF SW F L ., INC.  
Address: 27268 BARBAROSA STREET  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM      ( ) Delete  
Name: THOMAS WANDERON, E.A, ., P.A.  
Address: 27268 BARBAROSA STREET  
City-St-Zip: BONITA SPRINGS, FL 34135

**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: THOMAS WANDERON

P

03/28/2009

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