

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000043611

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** MASTER CAPITAL TAX SERVICES LLC

**Current Principal Place of Business:**

2909 W STATE ROAD 434  
SUITE 121B  
LONGWOOD, FL 327794459 US

**Current Mailing Address:**

2909 W STATE ROAD 434  
SUITE 121B  
LONGWOOD, FL 327794459 US

**New Principal Place of Business:**

1385 WEST STATE ROAD 434  
SUITE 101F  
LONGWOOD, FL 32750- US

**New Mailing Address:**

1385 WEST STATE ROAD 434  
SUITE 101F  
LONGWOOD, FL 32750- US

**FEI Number:** 26-4805790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOBER, SCOTT M  
2909 W STATE ROAD 434  
STE 121C  
LONGWOOD, FL 327794458 US

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

TOBER, SCOTT M  
1385 WEST STATE ROAD 434  
STE 101F  
LONGWOOD, FL 32750 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:

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TOBER, SCOTT M  
Address: 1385 WEST STATE ROAD 434 STE 101F  
City-St-Zip: LONGWOOD, FL 32750 US

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: SCOTT M TOBER

MGRM

04/29/2010

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