

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000118732

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** ABC TAX SERVICE LINK LLC

**Current Principal Place of Business:**

6700 TRAMMEL DRIVE  
MILTON, FL 32570

**New Principal Place of Business:**

5580 TWIN CREEK CR  
MILTON, FL 32571

**Current Mailing Address:**

PO BOX 3741  
MILTON, FL 32572

**New Mailing Address:**

5580 TWIN CREEK CR  
MILTON, FL 32571

**FEI Number:** 27-0659064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BOND, LEWIS  
5580 TWIN CREEK CR  
PACE, FL 32571 US

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

BOND, BETTY  
5580 TWIN CREEK CR  
PACE, FL 32571 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: BETTY BOND

04/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BOND, BETTY  
Address: 5580 TWIN CREEK CR  
City-St-Zip: PACE, FL 32571

Title: MGRM  
Name: ROBINSON, DOROTHY A  
Address: 6238 COTTAGE WOODS DR  
City-St-Zip: MILTON, FL 32570

Title: MGRM  
Name: NEICE, CLAUDETTE M  
Address: 6700 TRAMMEL DR  
City-St-Zip: MILTON, FL 32570

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: BETTY BOND

MGR

04/25/2011

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