

L1000 00 22/54

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

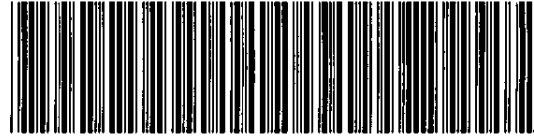
(Business Entity Name)

(Document Number)

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100185963861

FEI
E. DENNARD
9/21/10

Malave, Erin

From: Seidel, Marijke V [mseidel@paychex.com]
Sent: Friday, September 17, 2010 3:51 PM
To: CorpAddressChange
Subject: EIN update for Sunbiz.org

Attachments: Scan001.PDF

L10000022154

27-2019273



Scan001.PDF
(174 KB)

Good afternoon,

A current client of ours asked me to forward this IRS information to you.

Apparently the EIN# has never been updated on Sunbiz, so could you please use the supporting information to enter in their: FEI/EIN Number?

They just submitted their DR-1 online application today, and they did not want the missing FEI/EIN Number, to hold up getting a SUI Acct#.



If you have any questions, please feel free to call me or the client.

Client Contact: Holly Porter Tel# 352-470-3088

Thank you for your time.

*Marijke Seidel
Paychex Inc
Sales Assistant
Tel # 800-532-4980 ext. 22750
Fax # 877-884-0645*

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No Events	No Name History	<input type="button" value="Submit"/>			
Detail by Entity Name					
Florida Limited Liability Company					
TKSS, LLC					
Filing Information					
Document Number L10000022154					
FEI/EIN Number NONE 27-2019273					
Date Filed 02/26/2010					
State FL					
Status ACTIVE					
Effective Date 02/26/2010					
Principal Address					
14200 SE HWY 441 SUMMERFIELD FL 34491 US					
Mailing Address					
14200 SE HWY 441 SUMMERFIELD FL 34491 US					
Registered Agent Name & Address					
LITTLE, THOMAS C 2123 N.E. COACHMAN ROAD SUITE A CLEARWATER FL 33765 US					
Manager/Member Detail					
Name & Address					
Title MGRM					
RICHARD M. PORTER IRREVOCABLE TRUST 14200 SE HWY 441 SUMMERFIELD FL 34491 US					
Title MGRM					
SEAN L. PORTER IRREVOCABLE TRUST 14200 SE HWY 441 SUMMERFIELD FL 34491 US					
Annual Reports					
No Annual Reports Filed					
Document Images					
02/26/2010 -- Florida Limited Liability <input type="button" value="View image in PDF format"/>					
Note: This is not official record. See documents if question or conflict.					
Previous on List	Next on List	Return To List	Entity Name Search		
No Events	No Name History	<input type="button" value="Submit"/>			
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Employer Identification Number Verification Form

Note: Form must be accompanied by a completed 8821.

The IRS Practitioner Priority Service hotline (866-860-4259) can be used to confirm a taxpayer's EIN **verbally**. Make every attempt to procure alternate sources of federal documentation. This includes having the client contact the IRS directly in order to receive a federal document.

For extreme cases where it is not possible to obtain any form of documentation, Taxpay® will accept new loads without federal documentation, as long as there is a documented conversation with the IRS. The documented conversation should include the name and badge ID number of the IRS representative that verified the client's EIN number, name, and address.

All fields are required.

Client's Employer Identification Number 27-2019273

Client's Legal Name TKSS LLC

DBA _____

Client's Legal Address _____

IRS EE Name Evelyn Harrington

IRS EE Badge ID# 01 43946

Zach Cox
Sales Representative or Designee Name (Printed)

[Signature]
Sales Representative or Designee Signature

Verification Date 9/17/10

Verification Time 2:20 AM/PM PM

Type of Filer 941 / 943 / 944

Seasonal Employer: Y or N

Form **8821**

(Rev. August 2008)

Department of the Treasury
Internal Revenue Service**Tax Information Authorization**

- Do not sign this form unless all applicable lines have been completed.
Do not use this form to request a copy or transcript of your tax return.

Instead, use Form 4505 or Form 4505-T

OMB No. 1545-1165

FOR IRS Use Only

Received By:

Name

Telephone ()

Function

Date

1 Taxpayer Information. Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print) TKSS LLC 14200 SE HWY 441 Summerfield, FL 34491	Social security number(s)	Employer Identification Number
	Daytime telephone number (352)470-3088	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address Paychex, Inc. 161124166 911 Panorama Trail South Rochester, NY 14625	CAF No. Telephone No. 800 532 4980 Fax No. Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see Instr.)
Employment	941, 940, 944	2010	EIN verification

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 4. If you check this box, skip lines 5 and 6.For name, address & EIN verification and/or research of entity ☒**5 Disclosure of tax information** (you must check a box on line 5a or 5b unless the box on line 4 is checked):a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ☐b If you do not want any copies of notices or communications sent to your appointee, check this box ☒**6 Retention/revocation of tax information authorizations.** This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box ☐

To revoke this tax information authorization, see the instructions on page 4.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Holly Porter 9-15-10
 Signature Date
 Signature Date

Print Name

Title (if applicable)

Print Name

Title (if applicable)

☐ ☐ ☐ ☐ PIN number for electronic signature☐ ☐ ☐ ☐ PIN number for electronic signature