

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000086757

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** THE JACKSONVILLE TAX EXPRESS OF JAX LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

8049 JOFFRE DR  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

**Current Mailing Address:**

5875 SAN JUAN AVE  
D  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 27-3407917      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WILLIAMS, ANDRINA C  
8049 JOFFRE DR  
JACKSONVILLE, FL 32210 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  
**Name:** WILLIAMS, ANDRINA C  
**Address:** 8049 JOFFRE DR  
**City-St-Zip:** JACKSONVILLLE, FL 32210

**Title:** MGR  
**Name:** MOSS, TRAVIS S MANAGER  
**Address:** 8049 JOFFRE DR  
**City-St-Zip:** JACKSONVILLE, FL 32210 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: TRAVIS MOSS

OWNE

04/29/2011

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