

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000129563

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

**Entity Name:** YOUR TAX & ACCOUNTING SOLUTIONS OF HOLIDAY LLC

**Current Principal Place of Business:**

4032 MADISON STREET  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5312 LITTLE ROAD  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

**FEI Number:** 27-4313368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RYAN, CAROLLE M  
10733 FOOTPRINT LANE  
PORT RICHEY, FL 34668 US

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

RYAN, CAROLLE M  
5312 LITTLE RD  
NEW PORT RICHEY, FL 34655 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/29/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RYAN, CAROLLE M  
Address: 5312 LITTLE RD  
City-St-Zip: NEW PORT RICHEY, FL 34655

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: CAROLLE RYAN

MGRM

04/29/2011

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