

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000119938

**Entity Name:** NLS HOLDINGS, LLC

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4302 HENDERSON BLVD.  
120  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

4302 HENDERSON BLVD.  
120  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 45-3636836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAX SOLUTIONS PLUS TAMPA LLC  
12002 RACE TRACK ROAD  
TAMPA, FL 33626 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: SMITH, CHRISTOPHER R  
Address: 4302 HENDERSON BLVD. STE 120  
City-St-Zip: TAMPA, FL 33629

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: CHRISTOPHER R SMITH

MGR

01/16/2012

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