

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000130581

Entity Name: CPF TAX SERVICE LLC

FILED  
Apr 29, 2012  
Secretary of State

**Current Principal Place of Business:**

1163 WINDING ROSE WAY  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

1487 S CONGRESS AVENUE  
DELRAY BEACH, FL 33445 US

**Current Mailing Address:**

1163 WINDING ROSE WAY  
WEST PALM BEACH, FL 33415 US

**New Mailing Address:**

1487 S CONGRESS AVENUE  
DELRAY BEACH, FL 33445 US

FEI Number: 45-3971232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRERE, CARICE P  
1163 WINDING ROSE WAY  
WEST PALM BEACH, FL 33415 US

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

FRERE, CARICE  
1163 WINDING ROSE WAY  
WEST PALM BEACH, FL 33415 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: CARICE FRERE

04/29/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FRERE, KLEBERT P  
Address: 1163 WINDING ROSE WAY  
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: MGRM  
Name: FRERE, CARICE  
Address: 1163 WINDING ROSE WAY  
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: MGRM  
Name: AUGUSTIN, MARIO  
Address: 1163 WINDING ROSE WAY  
City-St-Zip: WEST PALM BEACH, FL 33415 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: CARICE FRERE

MGRM

04/29/2012

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