## 2000 UNIFORM BUSINESS REPORT (UBR)

2000	OHII OHII BU	JOHNEOU HE		<u> </u>			
DOCUMENT # L9800003058  1. Entity Name					00 JUN -5 PM 4: 04		
KRS TAX SAVING STRATEGIES, L.C.							
					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Plac	e of Business	Mailing Address	-		- -		
8830 S. SEA OAKS WAY, UNIT 105  VERO BEACH FL 32963  VERO BEACH FL 32963-4076							
				1. <b>1.</b> 1.		\$     <b>     </b> 	
2. Principal Place of Business 3. Mailing Address				72. 40.		•	
Suite, Apt. #, etc. Suite, Apt. #, etc.				***	DO NOT WRITE IN THIS SPACE		
City & State City & State					4. FEI Number 65-0891762 Applied		
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S5.00 Additional Fee Required		
	6. Name and Address of Cui	rent Registered Agent	<del></del>	<del></del>	7. Name and Address of New Registered Agent		
				Name	See the see of the second seco		
SYLVESTER, NANCY L 8830 S. SEA OAKS WAY, UNIT 105				Street Address (P.O. Box Number is Not Acceptable)			
	ACH FL 32963	•					
				City	FL Zip Code		
8. The above	named entity submits this statement	ent for the purpose of chang	ging its registered	d office or regist	stered agent, or both, in the State of Florida.		
SIGNATURE .			(NOTE David		urred when reinstating) DATE	_	
	Signature, typed or printed name of registered	agent and little if applicable.	(NOTE: Hegistered	Agent signature requi	ured when reinstating) DATE		
	÷.	l l	LE NOW!!! For the contract of			ļ	
9.	MANAGING M	EMBERS/MEMBERS	10.		ADDITIONS/CHANGES		
TITLE	MGR	☐ Delet				Addition	
MAME	SYLVESTER, NANCY L	NIT 40E	MAME				
STREET ADDRESS CITY-ST-ZIP	8830 S. SEA OAKS WAY, U VERO BEACH FL 32963	MII 105	CITY-1	T ADDRESS BT-ZIP			
TITLE	MGR Delete					Addition	
NAME STREET ADDRESS	The state of the s			T ADDRESS	900003298829: -06/21/0001047019	8	
VERO BEACH FL 32963			CITY-S	ľ	*****50.80 *****50.0	0	
TITLE		☐ Delet	TITLE MAME		☐ Change ☐	Addition	
NAME STREET ADDRESS	مرزعميد فيرة من مسرعم	e e e e e e e e e e e e e e e e e e e		ADDRESS	ಷ್ಟಾರ್ಡಿಯಾಗ ಅವರ ಅವರ್ಷಗಳಿಗಳು ಅವರ ಅವರ್ಷಗಳಿಗೆ	. • .	
CITY-ST-ZIP			CITY- E	BT- ZIP			
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STREET ADDRESS		·	STREET CITY-1	T ADDRESS			
TITLE				- 1- CIF	Change .	Addition	
NAME		·	NAME		_ , _	Ì	
STREET ADDRESS CITY-ST-ZIP	4		STREET City-1	T ADDRESS ST-ZIP			
TATLE		Delet	B TITLE		☐ Change ☐	Addition	
NAME STREET ADDRESS	1		NAME Street	T ADDRESS			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the earne 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 employered to execute this report as required by Chapter 608, Florida Statutes.

CITY- ST- ZIP

**SIGNATURE** 

CITY-ST-ZIP

MUCH NO DE DESTRUCTION OF ANALONE OF SCHOOL MANAGING MEASURE OF

430.00

56/-234-1326 Daytime Phone #

Date