

2001 UNIFORM BUSINESS REPORT (UBR)

0025369 AF

DOCUMENT # **L98000003058**

1. Entity Name

KRS TAX SAVING STRATEGIES, L.C.

FILED

01 APR 18 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**8830 S. SEA OAKS WAY, UNIT 105
VERO BEACH FL 32963**

Mailing Address

**8830 S. SEA OAKS WAY, UNIT 105
VERO BEACH FL 32963**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0891762

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SYLVESTER, NANCY L

**8830 S. SEA OAKS WAY, UNIT 105
VERO BEACH FL 32963**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **SYLVESTER, NANCY L**
STREET ADDRESS **8830 S. SEA OAKS WAY, UNIT 105**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **MANAGER** ☐ Change ☒ Addition
NAME **JAMES M. SYLVESTER**
STREET ADDRESS **8830 S. SEA OAKS WAY, UNIT 105**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **MGR** ☐ Delete
NAME **SYLVESTER, WILLIAM E**
STREET ADDRESS **8830 S. SEA OAKS WAY, UNIT 105**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-15-2001

Date

234-1320

Daytime Phone #

CR2E083 (11/00)