

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000018598

**Entity Name:** THE TAX DOCTOR, LLC

**Current Principal Place of Business:**

1111 PARK CENTRE BLVD., STE. 403  
MIAMI, FL 33169

**Current Mailing Address:**

1111 PARK CENTRE BLVD., STE. 403  
MIAMI, FL 33169 US

**FEI Number:** 65-1059141

**Certificate of Status Desired:** No

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

GAY, JOHN LJR  
1111 PARK CENTRE BLVD  
403  
MIAMI, FL 33169 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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGR
Name	GAY, ARVIE N	Name	GAY, JOHN LJR
Address	1111 PARK CENTRE BLVD STE 403	Address	1111 PARK CENTRE BLVD STE 403
City-State-Zip:	MIAMI FL 33169	City-State-Zip:	MIAMI FL 33169

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN L GAY JR

**PRESIDENT**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date