

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000127967

**Entity Name:** THE STATE TAX GROUP, LLC

**Current Principal Place of Business:**

785 LAKE DRIVE  
BOCA RATON, FL 33432

**Current Mailing Address:**

785 LAKE DRIVE  
BOCA RATON, FL 33432 US

**FEI Number:** 20-0687572

**Certificate of Status Desired:** No

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

FENWICK, JAMIE S  
785 LAKE DRIVE  
BOCA RATON, FL 33432 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  
Name FENWICK, JAMIE S  
Address 785 LAKE DRIVE  
City-State-Zip: BOCA RATON FL 33432

Title MGRM  
Name SALMON, SCOTT  
Address 1312 N. GEORGE MASON DRIVE  
City-State-Zip: ARLINGTON VA 22205

Title MGRM  
Name MCLOUGHLIN, MICHAEL  
Address 186 SAGAMORE ROAD  
City-State-Zip: MILBURN NJ 07041

Title MGRM  
Name WOOD, BRIAN  
Address 3288 KENTWORTH LANE  
City-State-Zip: ALPHARETTA GA 30004

Title MGRM  
Name SMITH, PATRICK H  
Address 1212 JUDSON AVENUE  
City-State-Zip: EVANSTON IL 60202

*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:** JAMIE S FENWICK

**MANAGING DIRECTOR**

**01/17/2014**

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

\_\_\_\_\_  
Date