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 effec 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, that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: JAMIE LAIEWSKI	MANAGING MEMBER	01/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

City-State-Zip: NEW ORLEANS LA 70116

Ti Na Ac Ci Tit Na 1425 DAUPHINE STREET Address 2357 STONEGATE DRIVE Address City-State-Zip: WELLINGTON FL 33414

Α

SIGNATURE	: BRIAN WOOD			01/25/2024		
	Electronic Signature of Registered Agent			Date		
Authorized Person(s) Detail :						
Title	MGRM	Title	MGRM			
Name	LAIEWSKI, JAMIE S	Name	SALMON, SCOTT			
Address	548 SWEET PEACH LN	Address	4325 16TH ST. N.			
City-State-Zip:	FORT MILL SC 29715	City-State-Zip:	ARLINGTON VA 22207			
Title	MGRM	Title	MGRM			
THE	MGRIM	The	MORM			
Name	MCLOUGHLIN, MICHAEL	Name	WOOD, BRIAN			

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.

Name and Address of Current Registered Agent:

2357 STONEGATE DRIVE

FEI Number: 20-0687572

DOCUMENT# L10000127967

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: THE STATE TAX GROUP, LLC

Current Principal Place of Business:

2357 STONEGATE DRIVE WELLINGTON, FL 33414

Current Mailing Address:

WELLINGTON, FL 33414 US

WOOD, BRIAN

2357 STONEGATE DRIVE WELLINGTON, FL 33414 US

Jan 25, 2024 Secretary of State 7775273721CC

FILED

Certificate of Status Desired: No

Date