# 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.

MANAGER

SIGNATURE: MICHELLE ANDERSON

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address: 6421 N FLORIDA AVE

6421 N FLORIDA AVE D-1786 TAMPA, FL 33604

6421 N FLORIDA AVE

TAMPA, FL 33604

D-1786

#### FEI Number: 92-0806220

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

ANDERSON, MICHELLE MS 6415 RIVERBEND CIRCLE TAMPA, FL 33610 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

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MOORE, ANETRISS L MRS	Name	ANDERSON, MICHELLE
Address	155 ENON MILL LANE SW	Address	6415 RIVERBEND CIRCLE
City-State-Zip:	SOUTH FULTON GA 30331	City-State-Zip:	TAMPA FL 33610

Certificate of Status Desired: No

FILED Apr 17, 2023 Secretary of State 1150257423CC

Date

04/17/2023

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L22000453836

Entity Name: ANDMOORE TAX SERVICES LLC

## Current Principal Place of Business:

Date