

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000002212

**Entity Name:** CROSSLINK PROFESSIONAL TAX SOLUTIONS, LLC

**Current Principal Place of Business:**

2000 N ALAFAYA TRL  
SUITE 350  
ORLANDO, FL 32826

**Current Mailing Address:**

2000 N ALAFAYA TRL  
SUITE 350  
ORLANDO, FL 32826 US

**FEI Number:** 46-1792270

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MEMBER  
Name CROSSLINK TAX HOLDINGS, LLC  
Address 2000 N ALAFAYA TRL  
SUITE 350  
City-State-Zip: ORLANDO FL 32826

Title MANAGER  
Name CROSSLINK PROFESSIONAL TAX  
SOLUTIONS, LLC  
Address 2000 N ALAFAYA TRL  
SUITE 350  
City-State-Zip: ORLANDO FL 32826

*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:** STEPHANIE TESFAZGHI

**AUTHORIZED PERSON**

**02/04/2025**

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

\_\_\_\_\_  
Date