#### 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. 04/26/2023

SIGNATURE: CHARLENE DESIR

Electronic Signature of Signing Authorized Person(s) Detail

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

DESIR, DOMINIC D 902 SW 8TH PLACE FLORIDA CITY, FL 33034 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.

#### SIGNATU

## Authorize

Title	MGR	Title	MGR
Name	DESIR, CHARLENE N	Name	DESIR, DOMINIC D
Address	902 SW 8TH PL	Address	902 SW 8TH PL
City-State-Zip:	FLORIDA CITY FL 33034	City-State-Zip:	FLORIDA CITY FL 33034

IRE:					
	Electronic Signature of Registered Agent				
ed Person(s) Detail :					
N	/IGR	Title	MGR		

CHARLENE DÉSIR

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L21000442040

### Entity Name: DESIRED TAXES AND BUSINESS SOLUTIONS LLC

# **Current Principal Place of Business:**

902 SW 8TH PLACE FLORIDA CITY, FL 33034

# **Current Mailing Address:**

902 SW 8TH PLACE FLORIDA CITY, FL 33034

# FEI Number: 87-3065010

Date

# FILED Apr 26, 2023 Secretary of State 0967933726CC

Certificate of Status Desired: No

Date