

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054610

FILED
Mar 28, 2008
Secretary of State

Entity Name: TRUEVANCE NATIONAL ACCOUNTS, LLC

Current Principal Place of Business:

7666 BLANDING BLVD
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 440879
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 20-2675655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURLEY, CHARLES R JR
1301 RIVERPLACE BOULEVARD, STE. 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRUEVANCE MANAGEMENT, , INC
Address: 7666 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: TRUE, JAMES W MGR
Address: 7666 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JAMES W TRUE

MGR

03/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date