

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000026117

1. Entity Name
PARADIGM BILLING COMPANY, L.C.



Principal Place of Business
**520 S.W. 8TH AVENUE
CRYSTAL RIVER, FL 34429**

Mailing Address
**P.O. BOX 875
CRYSTAL RIVER, FL 34423-0875**



04212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0488384

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUBBARD, TANA
520 S.E. 8TH AVENUE
CRYSTAL RIVER, FL 34429**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HUBBARD, TANA
520 SE 8TH AVE
CRYSTAL RIVER, FL 34429**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HUBBARD, JEREMIAH
520 SE 8TH AVE
CRYSTAL RIVER, FL 34429**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
STALCUP, VICTORIA
520 SE 8TH AVE
CRYSTAL RIVER, FL 34429**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
STALCUP, WILLIAM
520 SE 8TH AVE
CRYSTAL RIVER, FL 34429**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000358874
05/04/05-80132-008 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-26-05

(352) 794-7383