

CITY-ST-ZIP

## 2004 LIMITED LIABILITY COMPANY

## Apr 08, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-08-2004 90272 003 \*\*\*\*50.00 **DOCUMENT # L02000028628** BAY BILLING SOLUTIONS, LLC Principal Place of Business Mailing Address 8217 US HWY 19 NORTH 8217 US HWY 19 NORTH PORT RICHEY, FL 34668 PORT RICHEY, FL 34668 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022004 CR2E083 (10/03) Chq-LLC 4. FEI Number Applied For City & State City & State 03-0489545 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 8220 US HWY. 19 NORTH PORT RICHEY, FL 34668 City Zip Code 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 reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Change ☐ Addition TITLE □ Delete TITLE MILLER, RICHARD DO NAME NAME 8220 US HWY 19 NORTH STREET ADDRESS STREET ADDRESS PORT RICHEY, FL 34668 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME KRUTCKIK, MICHAEL DO NAME STREET ADDRESS 8220 US HWY 19 NORTH STREET ADDRESS CITY - ST- ZIP PORT RICHEY, FL 34668 CITY-ST-ZIP MGR ☐ Change ■ Addition TITLE ☐ Defete DORTON DAVID DO NAME NAME 8220 US HWY 19 NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY, FL 34668 □ Change ☐ Addition ☐ Delete TITLE KRATZ, JAIME MD NAME NAME 11031 US HWY 19 STREET ADDRESS STREET ADDRESS PORT RICHEY, FL 34668 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

JAIME TES NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR

FILED