2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

ANNUAL REPORT						Secretary of State			
DOCUMENT # L02000028628						04-29-2005 9	0036 041	****50.	00
1. Entity Name BAY BILLING SOLUTIONS, LLC			:						
Principal Place of Business Mailing Address					-				
8217 US HWY 19 NORTH PORT RICHEY, FL 34668		8217 US HWY 19 NORTH PORT RICHEY, FL 34668							
Principal Place of Business		3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04072005	Chg-LLC	CR2E08	33 (10/03)	
City & State		City & State				4. FEI Number Applied For 03-0489545 Not Applied be			
Zip Country		Zip	Zip Country			5. Certificate of Status Desired Status Desired Fee Required			
	6. Name and Address of Curren	t Registered Agent			—7. Name an	d Address of New R	tegistered A	gent	
ANULED DIGUADD A				Name					
8220 US H	IICHARD A IWY. 19 NORTH HEY, FL 34668			Street Addre	ess (P.O. Box Num	ber is Not Acceptable	e)		
			City				Zip Code		
				FL				, 	
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) DATE								and accept	
	iling Fee is \$50.00 ue by May 1, 2005	il and the ill spyricable. [NOTE	film i abhilicame. (MCLE: refined what shilliam a safiner			Make check payable to Florida Department of State			
9. MANAGING MEMB		ERS/MANAGERS 10.				ADDITIONS/CHANGES			
TITLE	MGRM	☐ Delete	TITU	E				☐ Change	Addition
NAME	MILLER, RICHARD DO		NAM	- 1					
STREET ADDRESS CITY-ST-ZIP	8220 US HWY 19 NORTH PORT RICHEY, FL 34668			ET ADDRESS -ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRUTCKIK, MICHAEL DO 8220 US HWY 19 NORTH PORT RICHEY, FL 34668	☐ Delete	TITU NAM STRE	E			<u> </u>	Change	Addition
INTLE	MGR	☐ Delete	TITL					☐ Change	Addition
NAME	DORTON, DAVID DO		NAM	1					
STREET ADDRESS	8220 US HWY 19 NORTH			ET ADORESS					
CITY-ST-ZIP	PORT RICHEY, FL 34668		_	-ST-ZIP					
TITLE NAME	MGR KRATZ, JAIME MD	☐ Delete	TITE	I				Change	☐ Addition
STREET ADDRESS	11031 US HWY 19			EET ADDRESS					
CITY-ST-ZIP	PORT RICHEY, FL 34668			-ST-ZIP					
TITLE		☐ Delete	TITL	E				☐ Change	Addition
NAME			NAM	I .					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP					
TITLE		П п	-					Channe	□ Addition
1	Ī	☐ Delete	TITL	-				Change	Addition

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 trueland adcurate 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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-\$1-ZIP

SIGNATURE:
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Priorie #