

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051076

FILED
Aug 10, 2007
Secretary of State

Entity Name: ADVANCED BILLING SERVICES, LLC

Current Principal Place of Business:

2429 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2429 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

New Mailing Address:

22 SAW MILL RIVER ROAD
HAWTHORNE, NY 10532

FEI Number: 20-0481582 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HIRSCH, DAVID
C/O ABS
2429 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020 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: CONTA, RAYMOND A
Address: 36 PEBBLE BROOK WAY
City-St-Zip: CHAPPAQUA, NY 10514

Title: MGRM () Delete
Name: COLLETTI, VINCENT
Address: 260 HARDSCRABBLE ROAD
City-St-Zip: NORTH SALEM, NY 10560

Title: MGRM () Delete
Name: FOTI, PAUL
Address: 14 COON DEN ROAD
City-St-Zip: HOPEWELL JUNCTION, NY 12533

Title: MGRM () Delete
Name: HIRSCH, DAVID
Address: 11528 HIBBS GROVE DRIVE
City-St-Zip: COOPER CITY, FL 33330

Title: MGRM () Delete
Name: STEAD, JAMES
Address: 19 ROSS DRIVE
City-St-Zip: YORKTOWN HEIGHTS, NY 10598

ADDITIONS/CHANGES:

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

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

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

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

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

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: RAYMOND A CONTA

MGRM

08/10/2007

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