

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056674

Entity Name: ALLIED BILLING SERVICE, LLC

FILED  
Jan 22, 2009  
Secretary of State

**Current Principal Place of Business:**

98 S OAK VILLAGE BLVD  
HOMOSASSA, FL 34446 US

**New Principal Place of Business:**

**Current Mailing Address:**

98 S OAK VILLAGE BLVD  
HOMOSASSA, FL 34446 US

**New Mailing Address:**

FEI Number: 20-0522234      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIOVINCO, IAN S  
7211 HIAWATHA PARKWAY  
SPRING HILL, FL 34606 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: YACONO, MARLENE R  
Address: 98 S OAK VILLAGE BLVD  
City-St-Zip: HOMOSASSA, FL 34446 US

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: YACONO, PAUL J  
Address: 98 S OAK VILLAGE BLVD  
City-St-Zip: HOMOSASSA, FL 34446 US

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

( ) Change ( ) Addition

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: MARLENE YACONO

MGRM

01/22/2009

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