

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000073660**

1. Entity Name  
**MID-SOUTH BILLING & COLLECTIONS, LLC**



Principal Place of Business  
**619 WEST GROVE STREET  
EL DORADO, FL 71730**

Mailing Address  
**619 WEST GROVE STREET  
EL DORADO, FL 71730**



03232006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1851209**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

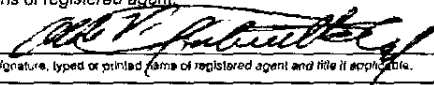
**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SAMARGYA, MILAN ESQ  
123 NORTH APOPKA AV  
INVERNESS, FL 34450**

**DO NOT WRITE  
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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)

**3/27/06**  
DATE

**Filing Fee Is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

**U000000490342  
04/18/06-80052-014 50.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FONTICIELLA, ALDO V  
619 WEST GROVE STREET  
EL DORADO, FL 71730**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

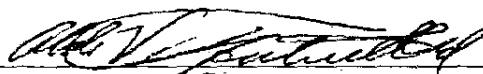
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**



**3/27/06**

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

Date

Daytime Phone #