

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-11-2007 90161 033 ***150.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000077718					
1. Entity Name JOINT SERVICE PROCESSING, LLC					
Principal Place of Business 13201 PARKSIDE TERRACE COOPER CITY, FL 33330			Mailing Address 13201 PARKSIDE TERRACE COOPER CITY, FL 33330		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1793938	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VARONA, ESTELA 7704 NW 6 STREET PEMBROKE PINES, FL 33024				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
13201 PARKSIDE TERRACE COOPER CITY, FL 33330					
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 				DATE 4/25/07	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, AUDLEY			NAME	
STREET ADDRESS	7704 NW 6 STREET	13201 PARKSIDE TERRACE		STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	COOPER CITY, FL 33330		CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 				DATE 4/25/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE DAYTIME PHONE #	