2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L04000087339

Entity Name: REVENUE ASSURANCE HOLDINGS LLC

Current Principal Place of Business:

8770 SOMERSET DRIVE
BLDG B, SUITE 100
LARGO, FL 33773 US

New Principal Place of Business:

Current Mailing Address:

8770 SOMERSET DRIVE
BLDG B, SUITE 100
LARGO, FL 33773 US

New Mailing Address:

FEI Number: 20-2099612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELANO, G. KRISTIN
360 CENTRAL AVENUE
1560
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

DELANO, G. KRISTIN
360 CENTRAL AVENUE, STE 1560
ST. PETERSBURG, FL 33701 US

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: G. KRISTIN DELANO 04/26/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	NICKEL, NILE L	
Address:	8770 SOMERSET DRIVE, BLDG B, STE 100	
City-St-Zip:	LARGO, FL 33773	
Title:	MGR	( ) Delete
Name:	DELANO, G KRISTIN	
Address:	360 CENTRAL AVENUE STE 1560	
City-St-Zip:	SAINT PETERSBURG, FL 33701	
Title:	MGR	( ) Delete
Name:	MENKE, ROBERT M	
Address:	360 CENTRAL AVENUE STE 1000	
City-St-Zip:	SAINT PETERSBURG, FL 33701	
Title:	MGR	( ) Delete
Name:	IRWIN, JEAN F	
Address:	333 3RD AVENUE N STE 400	
City-St-Zip:	SAINT PETERSBURG, FL 33701	
Title:	MGR	( ) Delete
Name:	FINDEISON, WILLIAM F	
Address:	102 8TH STREET EAST	
City-St-Zip:	TIERRA VERDE, FL 33715	
Title:	MGR	( ) Delete
Name:	KEEFER, BRIAN L	
Address:	360 CENTRAL AVENUE STE 1000	
City-St-Zip:	ST. PETERSBURG, FL 33701	

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:	
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: NILE NICKEL MGR 04/26/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date