2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
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, STE 1560
ST. PETERSBURG, FL 33701 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:	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 L NICKEL MGR 04/23/2008

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