

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087339

FILED  
Apr 23, 2009  
Secretary of State

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 (X) 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

04/23/2009

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