

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000051067

**FILED**  
**Dec 10, 2008**  
**Secretary of State**

**Entity Name:** BILLING PROFESSIONALS OF SPRING HILL LLC

**Current Principal Place of Business:**

10282 ADLER ST  
SPRING HILL, FL 34608 US

**New Principal Place of Business:**

2504 MANDRELL AVE  
SPRING HILL, FL 34608 US

**Current Mailing Address:**

10282 ADLER ST  
SPRING HILL, FL 34608 US

**New Mailing Address:**

P O BOX 3905  
SPRING HILL, FL 34611 US

**FEI Number:** 90-0293106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GONZALEZ, JUANA  
10282 ADLER ST  
SPRING HILL, FL 34608 US

**Name and Address of New Registered Agent:**

GONZALEZ, JUANA  
2504 MANDRELL AVE  
SPRING HILL, FL 34608 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: JUANA GONZALEZ

12/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GONZALEZ, JUANA  
Address: 10282 ADLER ST  
City-St-Zip: SPRING HILL, FL 34608 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GONZALEZ, JUANA  
Address: 2504 MANDRELL AVE  
City-St-Zip: SPRING HILL, FL 34608 US

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: JUANA GONZALEZ

MGR

12/10/2008

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