

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000052590

FILED
Apr 23, 2008
Secretary of State**Entity Name:** COMPLETE BILLING SOLUTIONS LLC**Current Principal Place of Business:**5521 IRON GATE DRIVE
FRANKLIN, TN 37069 US**New Principal Place of Business:****Current Mailing Address:**5521 IRON GATE DRIVE
FRANKLIN, TN 37069 US**New Mailing Address:****FEI Number:** 20-2933998**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LES GARDI, CPA
7061 S. TAMIAMI TRAIL
SARASOTA, FL 342315559 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:** MGRM () Delete
Name: SCOTT, PETER
Address: 5521 IRON GATE DRIVE
City-St-Zip: FRANKLIN, TN 37069 US**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: SCOTT, PETER
Address: 5521 IRON GATE DRIVE
City-St-Zip: FRANKLIN, TN 37069 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: PETER SCOTT, MANAGER

MGR

04/23/2008

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