


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000097700 1. Entity Name JILL SHERRIER MEDICAL TRANSCRIPTION, L.L.C.		
Principal Place of Business 2223 DAVIS DRIVE NEW SMYRNA BEACH, FL 32168	Mailing Address 2223 DAVIS DRIVE NEW SMYRNA BEACH, FL 32168	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SHERRIER, JILL 2223 DAVIS DRIVE NEW SMYRNA BEACH, FL 32168		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHERRIER, JILL 2223 DAVIS DRIVE NEW SMYRNA BEACH, FL 32168	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Jill Sherrier</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<u>1/22/07</u> <u>(386) 426-5452</u> <small>Date Daytime Phone #</small>



01202007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required