

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000107178

**FILED**  
**Aug 04, 2006**  
**Secretary of State**

**Entity Name:** ACCUTYPE TRANSCRIPTION AGENCY, LLC

**Current Principal Place of Business:**

P.O. BOX 7779  
INDIAN LAKE ESTATES, FL 33855 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 42  
DEERFIELD BEACH, FL 33443 US

**New Mailing Address:**

1626 S.E. 3RD CT.  
DEERFIELD BEACH, FL 33441 US

FEI Number: 20-3942673      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

PLOTKA, EVAN B  
7771 W. OAKLAND PARK BOULEVARD  
SUITE 140  
SUNRISE, FL 33351 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: PERKINS, CANDACE  
Address: P.O. BOX 7779  
City-St-Zip: INDIAN LAKE ESTATES, FL 33855 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CANDACE PERKINS

MGR

08/04/2006

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