

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90147 046 \*\*\*138.75

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01142008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000107178</b> 1. Entity Name <b>ACCUTYPE TRANSCRIPTION AGENCY, LLC</b>					
Principal Place of Business <b>P.O. BOX 7779</b> <b>INDIAN LAKE ESTATES, FL 33855 US</b>			Mailing Address <b>1626 S.E. 3RD CT.</b> <b>DEERFIELD BEACH, FL 33441 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>265 SOUTH FEDERAL HWY</b> <b>#133</b> Suite, Apt. #, etc.			
City & State Zip      Country		City & State <b>DEERFIELD BEACH, FL</b> Zip      Country <b>33441-4161</b>		4. FEI Number <b>20-3942673</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>PLOTKA, EVAN B</b> <b>7771 W. OAKLAND PARK BOULEVARD</b> <b>SUITE 140</b> <b>SUNRISE, FL 33351</b>			7. Name and Address of New Registered Agent Name <b>PLOTKA, EVAN B.</b> Street Address (P.O. Box Number is Not Acceptable) <b>210 N. UNIVERSITY DRIVE</b> <b>SUITE 301</b> City      State      Zip Code <b>CORAL SPRINGS      FL      33071-7339</b>		
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 <span style="float: right;">3-16-8</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PERKINS, CANDACE P.O. BOX 7779 INDIAN LAKE ESTATES, FL 33855		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <b>CANDACE PERKINS</b> <span style="float: right;">3-16-8</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					