

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107178

FILED
Mar 25, 2009
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:

923 MAGNOLIA DRIVE
INDIAN LAKE ESTATES, FL 33855 US

Current Mailing Address:

265 S FEDERAL HWY STE 133
DEERFIELD BEACH, FL 334414161 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

PLOTKA, EVAN B
210 N UNIVERSITY DR STE 301
POMPANO BEACH, FL 330717339 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: MGR (X) Change () Addition
Name: PERKINS, CANDACE
Address: 923 MAGNOLIA DRIVE
City-St-Zip: INDIAN LAKE ESTATES, FL 33855 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: CANDACE PERKINS

MGR

03/25/2009

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