2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State

DOCUMENT # L06000002147 1. Entity Name WILCO BILLING, LLC)	04-27-2007 9	90027 021	****50.	00
Principal Place of Business 4963 RIVERSIDE DRIVE CORAL SPRINGS, FL 33067 Mailing Address 4963 RIVERSIDE DRIVE CORAL SPRINGS, FL 33067						. ,			
Principal Place of Business - No P.O. Box #									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252007	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State		4. FEI Numbe	1 -7 /	724		plied For	
Zip	Country	Zip Country		 	of Status Desired	□ \$	5.00 Add	litional	
	6. Name and Address of Current	Registered Agent	1		7. Name and	Address of New F			
	- manual and a section of a section to		Nar	ne	** 142110 0110	VI ITEM I	Biorgian Uf	J-111	
NELSON, AUDREY 4963 RIVERSIDE DRIVE					(P.O. Box Number is Not Acceptable)				
CORAL SPRINGS, FL 33067									
			City	,			FL	Zip Code	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered offi	ce or registe	ered agent, or bot	h, in the State of Fl	orida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered Agent	signature require	d when reinstating)		DATE		
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Fi D	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.			Florid		-	•
D	ue by May 1, 2007		10.			Florid	a Department	nt of State	
9.	ue by May 1, 2007 MANAGING MEMBE MGR	RS/MANAGERS				Florid	a Department	-	Addition
9. TITLE NAME	MANAGING MEMBE MGR NELSON, AUDREY		TITLE NAME	ESS		Florid	a Department	nt of State	
9. TITLE	ue by May 1, 2007 MANAGING MEMBE MGR		TITLE			Florid	a Department	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR NELSON, AUDREY 4963 RIVERSIDE DRIVE	☐ Delete	TITLE NAME STREET ADDR			Florid	A Department	nt of State	☐ Addition
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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: eq

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SENTATIVE Date

7 954-227 4710

Daytime Phone #