

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037979

FILED
Jan 03, 2008
Secretary of State

Entity Name: BILLED RIGHT LLC.

Current Principal Place of Business:

253 LIVE OAK BLVD
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

253 LIVE OAK BLVD
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 74-3173254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, SAURIN
253 LIVE OAK BLVD
APT # 305
CASSELBERRY, FL 32707 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: PATEL, SAURIN
Address: 2000 MANHATTAN LN
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGR () Delete
Name: PATEL, GAURANG D
Address: 5824 MARIPOSA COVE LN
City-St-Zip: ORLANDO, FL 32707 US

Title: MGR (X) Delete
Name: KUNDLAS, MANJIT
Address: 1143 STATE ROAD 60 E,
City-St-Zip: LAKE WALES, FL 32707 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PATEL, SAURIN
Address: 2000 MANHATTAN LN
City-St-Zip: CASSELBERRY, FL 32707 US

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

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

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: SAURIN PATEL

MGRM

01/03/2008

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