

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000037979

**FILED**  
**Nov 24, 2009**  
**Secretary of State****Entity Name:** BILLED RIGHT LLC.**Current Principal Place of Business:**1913 VARICK WAY  
CASSELBERRY, FL 32707**New Principal Place of Business:****Current Mailing Address:**1913 VARICK WAY  
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  
2000 MANHATTAN LN  
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: MGRM ( ) Delete  
Name: PATEL, SAURIN  
Address: 2000 MANHATTAN LN  
City-St-Zip: CASSELBERRY, FL 32707 USTitle: MGR ( ) Delete  
Name: PATEL, DARSHAN D  
Address: 508 LEGACY PARK DRIVE  
City-St-Zip: CASSELBERRY, FL 32707 USTitle: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: MGR ( ) Change (X) Addition  
Name: KUNDLAS, MANJIT  
Address: 110 WYNDHAM DR.  
City-St-Zip: WINTER HAVEN, FL

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

11/24/2009

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