

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060994

FILED  
Apr 03, 2007  
Secretary of State

**Entity Name:** MATTOONS'S BILLING SERVICE, L.L.C.

**Current Principal Place of Business:**

7715 SE CROSSIP STREET  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

7715 SE CROSSIP STREET  
HOBE SOUND, FL 33455

**New Mailing Address:**

**FEI Number:** 20-5055171

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRARY, LAWRENCE E III  
555 COLORADO AVENUE  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

MATTOON, LINDA  
7715 SE CROSSIP ST  
HOBE SOUND, FL 33455 US

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:** LINDA MATTOON

04/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** HORTON, JANET  
**Address:** 4512 SE COTTONWOOD TERRACE  
**City-St-Zip:** STUART, FL 34997

**Title:** MGRM ( ) Delete  
**Name:** MATTOON, LINDA  
**Address:** 7715 SE CROSSIP STREET  
**City-St-Zip:** HOBE SOUND, FL 33455

**ADDITIONS/CHANGES:**

**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 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:** JANET HORTON

MGMT

04/03/2007

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