

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060994

FILED  
May 02, 2009  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

**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: \_\_\_\_\_

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 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

MGRM

05/02/2009

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