2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061955

Entity Name: ASTERINO BILLING & CONSULTING, LLC

FILED May 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7708 SE SUGAR SANDS CIRCLE 6583 S.E. TWIN OAKS CIR. STUART, FL 34997

HOBE SOUND, FL 33455

Current Mailing Address: New Mailing Address:

6583 S.E. TWIN OAKS CIR. 7708 SE SUGAR SANDS CIRCLE STUART, FL 34997 HOBE SOUND, FL 33455

FEI Number: 20-5210161 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:

ASTERINO, ANTHONY S ASTERINO, ANTHONY S 6583 S.E. TWIN OAKS CIR. STUART, FL 34997 US 7708 SE SÚGAR SANDS CIRCLE HOBE SOUND, FL 33455

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: 05/21/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change () Addition

ASTERINO, ANTHONY S ASTERINO, ANTHONY S Name: Name: Address: 6583 S.E. TWIN OAKS CIR. Address: 7708 SE SUGAR SANDS CIRCLE City-St-Zip: STUART, FL 34997 City-St-Zip: HOBE SOUND, FL 33455

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: ANTHONY ASTERINO 05/21/2009