

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000066556

**FILED**  
**Jul 17, 2007**  
**Secretary of State**

**Entity Name:** SELF PAY RECOVERY SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

191 PALMWOOD DRIVE  
PALM COAST, FL 32164

**New Principal Place of Business:**

9 PENNSY PLACE  
PALM COAST, FL 32164

**Current Mailing Address:**

P.O. BOX 354369  
PALM COAST, FL 32125

**New Mailing Address:**

P.O. BOX 354369  
PALM COAST, FL 32135

**FEI Number:** 20-8776415      **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:**

WEGENER, MELISSA  
191 PALMWOOD DRIVE  
PALM COAST, FL 32164      US

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

WEGENER, MELISSA  
9 PENNSY PLACE  
PALM COAST, FL 32164      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: \_\_\_\_\_

07/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: WEGENER, MELISSA  
Address: 191 PALMWOOD DRIVE  
City-St-Zip: PALM COAST, FL 32164

**ADDITIONS/CHANGES:**

Title: CEO      (X) Change ( ) Addition  
Name: WEGENER, MELISSA  
Address: PO BOX 354369  
City-St-Zip: PALM COAST, FL 32135

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: MELISSA WEGENER

CEO

07/17/2007

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