2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# L07000077442

Entity Name: SMART OPTION BILLING SERVICES, LLC

Current Principal Place of Business:

575 S.W. 84TH AVE.
MIAMI, FL 33144

New Principal Place of Business:

6801 W 36 AVE
STE 102
HIALEAH, FL 33018

Current Mailing Address:

P.O. BOX 440893
MIAMI, FL 331440893

New Mailing Address:

FEI Number: 33-1174600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RUBIO, OLIDEN
575 S.W. 84TH AVE.
MIAMI, FL 33144 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: RUBIO, OLIDEN
Address: 575 S.W. 84TH AVE.
City-St-Zip: MIAMI, FL 33144

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: CONDE, MARISA
Address: 6801 W 36 AVE STE 102
City-St-Zip: HIALEAH, FL 33018

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: OLIDEN RUBIO MGRM 01/12/2009

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