

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000122628

**FILED**  
**Nov 05, 2009**  
**Secretary of State**

**Entity Name:** NATIONWIDE BILLING GROUP, LLC

**Current Principal Place of Business:**

20533 BISCAYNE BLVD. STE 158  
AVENTURA, FL 33180

**New Principal Place of Business:**

20533 BISCAYNE BLVD  
STE 158  
AVENTURA, FL 33180

**Current Mailing Address:**

20533 BISCAYNE BLVD. STE 158  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 26-3445993      **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:**

ROSEN, DAMIEN  
2801 NE 183RD ST #2117W  
AVENTURA, FL 33160 US

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

ROSEN, DAMIEN  
2801 NE 183RD ST  
#2117W  
AVENTURA, FL 33160 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: DAMIEN ROSEN

11/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NOMADIC DRAWINGS ULTRA TRUST  
Address: 20533 BISCAYNE BLVD #158  
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete  
Name: ROSEN, DAMIEN  
Address: 2801 NE 183RD ST #2117W  
City-St-Zip: AVENTURA, FL 33160

**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: DAMIEN ROSEN

MGR

11/05/2009

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