

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000122628

**FILED**  
**Jan 05, 2010**  
**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:**

**Current Mailing Address:**

20533 BISCAYNE BLVD. STE 158  
AVENTURA, FL 33180

**New Mailing Address:**

20533 BISCAYNE BLVD  
STE 158  
AVENTURA, FL 33180

**FEI Number:** 26-3445993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

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  
**Name:** NOMADIC DRAWINGS ULTRA TRUST  
**Address:** 20533 BISCAYNE BLVD #158  
**City-St-Zip:** AVENTURA, FL 33180

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

I hereby 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

01/05/2010

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