

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034344

Entity Name: BILLNYUNK, LLC

FILED  
Feb 18, 2009  
Secretary of State

**Current Principal Place of Business:**

961 BRANTLEY  
THE VILLAGES, FL 321624399

**New Principal Place of Business:**

**Current Mailing Address:**

961 BRANTLEY  
THE VILLAGES, FL 321624399

**New Mailing Address:**

FEI Number: 26-2312038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YOUNGKIN, CARROLL W  
961 BRANTLEY  
THE VILLAGES, FL 321624399 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: YOUNGKIN, CARROLL W  
Address: 961 BRANTLEY  
City-St-Zip: THE VILLAGES, FL 321624399

Title: MGRM ( ) Delete  
Name: EDWARDS, WILLIAM G SR.  
Address: 1802 CABANA COURT  
City-St-Zip: THE VILLAGES, FL 32159

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: YOUNGKIN, CARROLL W  
Address: 961 BRANTLEY STREET  
City-St-Zip: THE VILLAGES, FL 321624399

Title: MGRM (X) Change ( ) Addition  
Name: YOUNGKIN, ELLIS Q SEC/TRS  
Address: 961 BRANTLEY STREET  
City-St-Zip: THE VILLAGES, FL 321624399

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: CARROLL W. YOUNGKIN

MGRM

02/18/2009

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