2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# L08000080715

Entity Name: ELECTRONIC OFFICE BILLING SOLUTIONS, LLC

Current Principal Place of Business:

1729 HARBOR LANE
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

1729 HARBOR LANE
CLERMONT, FL 34711 US

New Mailing Address:

614 E. HIGHWAY 50
403
CLERMONT, FL 34711 US

FEI Number: 26-4079343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REPER, BONNIE L
1729 HARBOR LANE
CLERMONT, FL 34711 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: MGR ( ) Delete
Name: REPER, BONNIE L
Address: 1729 HARBOR LANE
City-St-Zip: CLERMONT, FL 34711 US

Title: MGR ( ) Delete
Name: LEVINE, ROBERT G
Address: 8907 AYRSHIRE AVENUE
City-St-Zip: LOUISVILLE, KY 40222 US

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: BONNIE L REPER MGR 01/26/2009

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