

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110331

FILED
Jun 23, 2009
Secretary of State

Entity Name: TRANSCRIPTION SERVICES LLC

Current Principal Place of Business:

7267 WEST 24 AVE
225
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

7267 WEST 24 AVE
225
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 26-3808906 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:

Name and Address of New Registered Agent:

LOPEZ, OSMARY
7267 WEST 24 AVE
225
HIALEAH, FL 33016 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOPEZ, OSMARY
Address: 7267 WEST 24 AVE APT 225
City-St-Zip: HIALEAH, FL 33016

Title: MGRM () Delete
Name: ALFONSO, RONNY
Address: 7267 WEST 24 AVE APT 225
City-St-Zip: HIALEAH, FL 33016

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: OSMARY LOPEZ

MGR

06/23/2009

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