

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000110331

**FILED**  
**Apr 22, 2010**  
**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 ( )**

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

LOPEZ, OSMARY  
7267 WEST 24 AVE  
225  
HIALEAH, FL 33016 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  
**Name:** LOPEZ, OSMARY  
**Address:** 7267 WEST 24 AVE APT 225  
**City-St-Zip:** HIALEAH, FL 33016

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

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:** OSMARY LOPEZ

MGR

04/22/2010

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