

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000063907

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** LIVE WELL BILLING SOLUTIONS LLC

**Current Principal Place of Business:**

1996 KINGSLEY AVE  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

1996 KINGSLEY AVE  
ORANGE PARK, FL 32073

**New Mailing Address:**

**FEI Number:** 27-0483870

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERNARD, GARY C  
2307 LAKESHORE DR N  
FLEMING ISLAND, FL 32003 US

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

BERNARD, GARY C  
1996 KINGSLEY AVE  
ORANGE PARK, FL 32073 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:** GARY BERNARD

04/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BERNARD, GARY C  
**Address:** 1996 KINGSLEY AVE  
**City-St-Zip:** ORANGE PARK, FL 32073

**Title:** MGR  
**Name:** JOHNSON, SHAWN W  
**Address:** 1316 OAKLANDING LANE  
**City-St-Zip:** FLEMING ISLAND, FL 32003

**Title:** MGR  
**Name:** CARTER, LORI M  
**Address:** 4736 ESTATE STREET  
**City-St-Zip:** MACCLENNY, FL 32063

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:** GARY BERNARD

MGR

04/01/2011

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