

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000114157

Entity Name: BILLING NATION LLC

FILED  
Jan 25, 2012  
Secretary of State

## Current Principal Place of Business:

C/O ROZENCWAIG, NADEL & FERRERO-CARR LLP  
301 W. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009 US

## Current Mailing Address:

C/O ROZENCWAIG, NADEL & FERRERO-CARR LLP  
301 W. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009 US

FEI Number: 27-1396890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROZENCWAIG, NADEL & FERRERO-CARR LLP  
301 W. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009 US

## New Principal Place of Business:

C/O ROZENCWAIG & NADEL, LLP  
301 W. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009 US

## New Mailing Address:

C/O ROZENCWAIG & NADEL, LLP  
301 W. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009 US

## Name and Address of New Registered Agent:

ROZENCWAIG & NADEL, LLP  
301 W. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009 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: LESLIE ALAN ROZENCWAIG

01/25/2012

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR  
Name: VAINRUB, ROBERTO  
Address: 301 W. HALLANDALE BEACH BLVD.  
City-St-Zip: HALLANDALE BEACH, FL 33009 FL

Title: MGR  
Name: VAINRUB, LILYAN  
Address: 301 W. HALLANDALE BEACH BLVD.  
City-St-Zip: HALLANDALE BEACH, FL 33009 FL

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: ROBERTO VAINRUB

MGR

01/25/2012

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