

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000065255

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** PEDRAZA FAMILY BILLING LLC

**Current Principal Place of Business:**

390 NE 125TH STREET  
UNIT 315  
NORTH MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

390 NE 125TH STREET  
UNIT 315  
NORTH MIAMI, FL 33161 US

**New Mailing Address:**

**FEI Number:** 36-4676466      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

PEDRAZA, YOANET  
390 NE 125TH STREET  
UNIT 315  
NORTH MIAMI, FL 33161 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:** MGRM  
**Name:** PEDRAZA, YOANET  
**Address:** 390 NE 125TH STREET , UNIT 315  
**City-St-Zip:** NORTH MIAMI, FL 33161 US

**Title:** MGRM  
**Name:** PEDRAZA, RAFAEL  
**Address:** 641 E 21ST STREET  
**City-St-Zip:** HIALEAH, FL 33013 US

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:** YOANET PEDRAZA

MGRM

04/29/2011

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