

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000120324

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** ANEW ERA BILLING SERVICE , LLC

**Current Principal Place of Business:**

7154 N UNIVERSITY DR  
262  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

7154 N UNIVERSITY DR  
262  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** 45-3501024

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLEOPHAS, KETLY  
7154 N UNIVERSITY DR  
262  
TAMARAC, FL 33321 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:** CLEOPHAS, KETLY  
**Address:** 7154 N UNIVERSITY DR STE 262  
**City-St-Zip:** TAMARAC, FL 33321

**Title:** MGR  
**Name:** DAVIS, MYRA T  
**Address:** 7154 UNIVERSITY DR STE 262  
**City-St-Zip:** TAMARAC, FL 33321

**Title:** MGR  
**Name:** LEE, SHONTAE M  
**Address:** 7154 N UNIVERSITY DR STE 262  
**City-St-Zip:** TAMARAC, FL 33321

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:** KETLY CLEOPHAS

MGR

05/01/2012

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