

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000000412

1. Entity Name
STERLING GROUP BILLING SERVICES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 30 AM 9: 06

Principal Place of Business
1000 PARK FORTY PLAZA
SUITE 500
DURHAM, NC 27713

Mailing Address
1000 PARK FORTY PLAZA
SUITE 500
DURHAM, NC 27713

2. Principal Place of Business - No P.O. Box #
6400 Atlantic Blvd

3. Mailing Address
6400 Atlantic Blvd



04172008 Chg-LLC CR2E083 (12/06)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
20-0641644

Applied For
Not Applicable

Zip
32211

Country
USA

Zip
32211

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME STERLING GROUP HOLDINGS, LLC ☐ Delete
STREET ADDRESS 1000 PARK FORTY PLAZA #500
CITY-ST-ZIP DURHAM, NC 27713

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6400 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 200129458852
STREET ADDRESS 05/14/08--01024--014 **1560.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Robert J. Bunker, Manager

Date

4/21/08 904-805-1300

Daytime Phone #