

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M06000006348**

1. Entity Name  
**THE BILLING ALLIANCE, LLC**



Principal Place of Business  
**1528 SUMMERDOWN WAY  
ST. JOHNS, FL 32259**

Mailing Address  
**1528 SUMMERDOWN WAY  
ST. JOHNS, FL 32259**



04262007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**47-0901451**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PETTY, ELIZABETH  
1528 SUMMERDOWN WAY  
ST. JOHNS, FL 32259**

**DO NOT WRITE  
IN THIS SPACE**

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

**4-27-07**

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	PETTY, ELIZABETH
STREET ADDRESS	1528 SUMMERDOWN WAY
CITY-ST-ZIP	ST. JOHNS, FL 32259

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U00000745165  
05/16/07-80019-002 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of signing managing member or authorized representative

**4-27-07**

**904-230-2557**

Date

Daytime Phone #