

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M95000000150

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** NATIONAL BILLING INSTITUTE LIMITED LIABILITY COMPANY, L.C.

**Current Principal Place of Business:**

212 N. US HWY 1  
SUITE 16  
TEQUESTA, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

212 N. US HWY 1  
SUITE 16  
TEQUESTA, FL 33469

**New Mailing Address:**

**FEI Number:** 65-0576311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HALLERAN & ASSOCITATES  
1920 E. HALLANDALE BEACH BLVD  
SUITE 803  
HALLANDALE BEACH, FL 33009 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: EVANS, MICHAEL J  
Address: 3337 TURTLE COVE  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGR  
Name: EVANS, MAGFRET  
Address: 3337 TURTLE COVE  
City-St-Zip: WEST PALM BEACH, FL 33411

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: MICHAEL EVANS

MGMR

03/31/2010

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