## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000009426

Entity Name: BOTTOMLINE PROS LLC

**Current Principal Place of Business:** 

1250 N. OCEAN DRIVE SUITE 4

SINGER ISLAND, FL 33404

**Current Mailing Address:** 

1250 N. OCEAN DRIVE SUITE 4

SINGER ISLAND, FL 33404 US

FEI Number: 26-4068306 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SHIVE, SHERRY L 1250 N. OCEAN DRIVE SUITE 4 SINGER ISLAND, FL 33404 US

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

FILED Apr 30, 2014

**Secretary of State** 

CC1560142565

## Authorized Person(s) Detail:

Title MGRM

Name SHIVE, SHERRY L

Address 1250 N. OCEAN DRIVE, STE 4
City-State-Zip: SINGER ISLAND FL 33404

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.