

L23000424882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

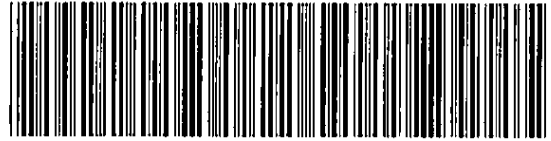
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200423203492

02/12/24--0101E--007 **25.00

2024 FEB 12 PM 9:42
RECEIVED
FEB 12 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: All About Medical Billing LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Annemarie Ferguson
Name of Person

All About Medical Billing LLC
Firm/Company

382 NE 191st
Address

Miami FL 33179-3899
City/State and Zip Code

annaferg912@outlook.com
E-mail address: (to be used for future annual report notification)

2011 FEB 12 PM 5:42

For further information concerning this matter, please call:

Annemarie Ferguson at (610) 507-3222
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

