

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000029190

Entity Name: ALL COUNTY MEDICAL BILLING, LLC

Current Principal Place of Business:

9613 RIDGECREST COURT
DAVIE, FL 33328

Current Mailing Address:

PO BOX 290356
DAVIE, FL 33329 US

FEI Number: 81-1254387

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVY GREALY, SUZANNE
9613 RIDGECREST COURT
DAVIE, FL 33328 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

Authorized Person(s) Detail :

Title OWNER
Name GREALY, SUZANNE
Address 9613 RIDGECREST COURT
City-State-Zip: DAVIE FL 33328

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.

SIGNATURE: SUZANNE LEVY LEVY GREALY

PRESIDENT

01/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date