

**2020 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 GREALY

**PRESIDENT**

**01/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date