

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000046246

**Entity Name:** PRAXIS BILLING AND CONSULTING ASSOCIATES LLC.

**Current Principal Place of Business:**

P.O BOX 541413  
GREENACRES, FL 33467

**Current Mailing Address:**

P.O BOX 541413  
GREENACRES, FL 33467 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ELISS, ELIJAH D  
630 SEA PINE WAY  
B  
GREENACRES, FL 33415 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:** ELIJAH D ELISS

02/01/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name NORZEA, SABINE  
Address P.O BOX 541413  
City-State-Zip: GREENACRES FL 33467

Title MGR  
Name ELIJAH, ELISS D  
Address P.O BOX 541413  
City-State-Zip: GREENACRES FL 33467

Title MGR  
Name ELISS, ELIJAH D  
Address P.O BOX 541413  
City-State-Zip: GREENACRES FL 33467

*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:** ELIJAH D. ELISS

MGR

02/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date