

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000144209

**Entity Name:** BILES AND ASSOCIATES, LLC

**Current Principal Place of Business:**

3515 APPLE AVE.  
APT 1303  
SILVER SPRING, MD 20910

**Current Mailing Address:**

1315 APPLE AVE  
APT 1303  
SILVER SPRING, MD 20910 US

**FEI Number:** 46-4137299

**Certificate of Status Desired:** Yes

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

BILES, PATRICIA  
4751 NW 21ST  
#618  
LAUDERHILL, FL 33313 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 MGRM  
Name BILES, PATRICIA  
Address 4751 NW 21ST STREET  
#618  
City-State-Zip: LAUDERHILL FL 33313

*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:** PATRICIA D BILES

**MANAGER**

**04/27/2024**

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

\_\_\_\_\_  
Date