

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000032238

Entity Name: THE ABA BILLING EXPERIENCE, LLC

Current Principal Place of Business:

3921 SW 27TH STREET
WEST PARK, FL 33023

Current Mailing Address:

PO BOX 290514
DAVIE, FL 33329 US

FEI Number: 83-3167367

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MADISON, RHONDA
3921 SW 27TH STREET
WEST PARK, FL 33023 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 PRESIDENT
Name MADISON, RHONDA PRESIDENT
Address PO BOX 290514
City-State-Zip: DAVIE FL 33329

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: RHONDA MADISON

PRESIDENT

04/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date