

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000032238

**Entity Name:** THE ABA BILLING EXPERIENCE, LLC

**Current Principal Place of Business:**

2511 N HIATUS RD  
PMB 211  
COOPER CITY, FL 33026

**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  
2511 N HIATUS RD  
PMB 211  
COOPER CITY, FL 33026 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**

**04/18/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date