

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000119656

**Entity Name:** ACCURATE BILLING LLC

**Current Principal Place of Business:**

945 MOSS TREE PL  
LONGWOOD, FL 32750

**Current Mailing Address:**

945 MOSS TREE PL  
LONGWOOD, FL 32750 US

**FEI Number:** 84-1745860

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD  
SUITE 36  
ORLANDO, FL 32822 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:** UNITED STATES CORPORATION AGENTS INC

01/07/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MERA, ELVIN A  
Address 945 MOSS TREE PL  
City-State-Zip: LONGWOOD FL 32750

Title AMBR  
Name MERA, DAVID V  
Address 945 MOSS TREE PL  
City-State-Zip: LONGWOOD FL 32750

Title AMBR  
Name MOLGORA, DENIS  
Address 945 MOSS TREE PL  
City-State-Zip: LONGWOOD FL 32750

Title AMBR  
Name MERA, MARCELO  
Address 945 MOSS TREE PL  
City-State-Zip: LONGWOOD FL 32750

Title AMBR  
Name RAMIREZ, ELVIN  
Address 945 MOSS TREE PL  
City-State-Zip: LONGWOOD FL 32750

*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:** ELVIN RAMIREZ

AMBR

01/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date