

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000140240

Entity Name: MEDICAID PARALEGAL SERVICES LLC

Current Principal Place of Business:

2920 DRANE FIELD RD
LAKELAND, FL 33811

Current Mailing Address:

P.O. BOX 8087
LAKELAND, FL 33802 US

FEI Number: 85-1148113

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AIRTH, HAL A JR
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801 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	MGR	Title	MGR
Name	TURBEVILLE, ANTONY L	Name	TURBEVILLE, CHASE D
Address	P.O. BOX 8087	Address	P.O. BOX 8087
City-State-Zip:	LAKELAND FL 33802	City-State-Zip:	LAKELAND FL 33802

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: ANTONY L TURBEVILLE

MGR

02/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date