

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000300365

Entity Name: RAY MEDICAL BILLING SOLUTIONS LLC

Current Principal Place of Business:

708 LEELAND HEIGHTS BLVD E
LEHIGH ACRES, FL 33936

Current Mailing Address:

PO BOX 832
LEHIGH ACRES, FL 33970 US

FEI Number: 87-1474776

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LLORENTE, JESSELL
708 LEELAND HEIGHTS BLVD E
LEHIGH ACRES, FL 33936 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
Name LLORENTE, JESSELL
Address 708 LEELAND HEIGHTS BLVD E
City-State-Zip: LEHIGH ACRES FL 33936

Title AMBR
Name LLORENTE, YANIER
Address 708 LEELAND HEIGHTS BLVD E
City-State-Zip: LEHIGH ACRES FL 33936

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: JESSELL LLORENTE

MANAGER

03/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date