

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000004924

Entity Name: ADCS BILLINGS, LLC**Current Principal Place of Business:**151 SOUTHHALL LANE SUITE 300
MAITLAND, FL 32751**Current Mailing Address:**151 SOUTHHALL LANE SUITE 300
MAITLAND, FL 32751 US**FEI Number:** 45-3367959**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MAMBER
Name LEAVITT, MATT
Address 151 SOUTHHALL LANE SUITE 300
City-State-Zip: MAITLAND FL 32751

Title MAMBER
Name BRUCE, PERKINS
Address 151 SOUTHHALL LANE SUITE 300
City-State-Zip: MAITLAND FL 32751

Title MAMBER
Name JOHN , WILKINS C.
Address 151 SOUTHHALL LANE SUITE 300
City-State-Zip: MAITLAND FL 32751

Title MAMBER
Name ROBERT, HENSLEY
Address 151 SOUTHHALL LANE SUITE 300
City-State-Zip: MAITLAND FL 32751

Title MAMBER
Name BRIAN, GRIFFIN
Address 151 SOUTHHALL LANE SUITE 300
City-State-Zip: MAITLAND FL 32751

Title MAMBER
Name MICHAEL, GREENMAN
Address 151 SOUTHHALL LANE SUITE 300
City-State-Zip: MAITLAND FL 32751

Title MAMBER
Name PAIGE DALY, DEBLASI
Address 151 SOUTHHALL LANE SUITE 300
City-State-Zip: MAITLAND FL 32751

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: MATT LEAVITT

MEMBER

02/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date