

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000016276

Entity Name: OFFICE PRIDE BILLING SERVICE LLC**Current Principal Place of Business:**3450 E. LAKE RD., STE. 202
PALM HARBOR, FL 34685**Current Mailing Address:**3450 E. LAKE RD., STE. 202
PALM HARBOR, FL 34685**FEI Number:** 80-0767037**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MBR
Name OFFICE PRIDE, LLC
Address 3450 E. LAKE RD., STE. 202
City-State-Zip: PALM HARBOR FL 34685

Title CFO
Name MCMULLEN, JEFF
Address 3450 E. LAKE RD., STE. 202
City-State-Zip: PALM HARBOR FL 34685

Title VP
Name IRONS, GREG
Address 550 S DIXIE HWY STE 300
City-State-Zip: CORAL GABLES FL 33146

Title ASST. SECRETARY
Name CALDERON, MICHELSA
Address 550 S DIXIE HWY STE 300
City-State-Zip: CORAL GABLES FL 33146

Title P
Name HOPKINS, JAMES T
Address 3450 E. LAKE RD., STE. 202
City-State-Zip: PALM HARBOR FL 34685

Title CHAIRMAN, VP
Name GROSS, JORGE A
Address 550 S DIXIE HWY STE 300
City-State-Zip: CORAL GABLES FL 33146

Title SECRETARY, VP, GENERAL
Name GERSHMAN, DAVID
Address 550 S DIXIE HWY STE 300
City-State-Zip: CORAL GABLES FL 33146

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: MICHELSA CALDERON**ASSISTANT SECRETARY** 05/02/2022_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date