

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000041087

Entity Name: CLEAN CLAIMS MEDICAL BILLING, LLC

Current Principal Place of Business:

6051 MERRIL ST
NORTH PORT, FL 34287

Current Mailing Address:

6051 MERRIL ST
NORTH PORT, FL 34287 US

FEI Number: 45-2412235

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, RANDI
6051 MERRIL ST
NORTH PORT, FL 34287 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 MGRM
Name SMITH, RANDI
Address 6051 MERRIL ST
City-State-Zip: NORTH PORT FL 34287

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: RANDI SMITH

MGRM

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date