

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000212930

Entity Name: BEACON PODIATRIC BILLING SERVICES LLC

Current Principal Place of Business:

554 HARRISWOOD CT
DAVENPORT, FL 33837

Current Mailing Address:

554 HARRISWOOD CT
DAVENPORT, FL 33837 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUILIANA, STEPHANIE
554 HARRISWOOD CT
DAVENPORT, FL 33837 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	AMBR	Title	AMBR
Name	GUILIANA, STEPHANIE	Name	KLINE, DANA
Address	554 HARRISWOOD CT	Address	128 S LONGBOAT DR
City-State-Zip:	DAVENPORT FL 33837	City-State-Zip:	LITTLE EGG HARBOR TWP NJ 08087

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: STEPHANIE GUILIANA

MEMBER

05/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date