

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000033400

**Entity Name:** ELITE MEDICAL BILLERS LLC

**Current Principal Place of Business:**

999 SW 1ST AVE.  
2210  
MIAMI, FL 33130

**Current Mailing Address:**

999 SW 1ST AVE.  
2210  
MIAMI, FL 33130

**FEI Number:** 87-4743947

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MORALES, ABDIEL  
999 SW 1ST AVE.  
2210  
MIAMI, FL 33130 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	Title	AR
Name	MORALES, ABDIEL	Name	MORALES, DAISY
Address	999 SW 1ST AVE UNIT 2210	Address	201 NW 34 AVE.
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33125

*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:** ABDIEL MORALES

**MANAGER**

**03/13/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date