

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000068669

**FILED
Jan 30, 2018
Secretary of State
CC6105392461**

Entity Name: SMARTLIFE INSURANCE, INC.

Current Principal Place of Business:

10855 S. US1 ROOM 140
PORT ST LUCIE, FL 34952

Current Mailing Address:

625 PARK PLACE
GALLOWAY, NJ 08205 US

FEI Number: 82-2203937

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL, INC.
115 N CALHOUN ST STE 4
TALLAHASSEE, FL 32301 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

Officer/Director Detail :

Title P
Name WILSON, DAVID
Address 10855 S. US1 ROOM 140
City-State-Zip: PORT ST LUCIE FL 34952

Title VPST
Name CHERRY, JOSEPH
Address 10855 S. US1 ROOM 140
City-State-Zip: PORT ST LUCIE FL 34952

Title DC
Name CHERRY, JOSEPH
Address 10855 S. US1 ROOM 140
City-State-Zip: PORT ST LUCIE FL 34952

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID WILSON

PRESIDENT

01/30/2018

Electronic Signature of Signing Officer/Director Detail

Date