

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000133510

**Entity Name:** V.I.P. HEALTH INSURANCE, LLC

**Current Principal Place of Business:**

7161 LOCKWOOD ROAD  
LAKE WORTH, FL 33467

**Current Mailing Address:**

7161 LOCKWOOD ROAD  
LAKE WORTH, FL 33467 US

**FEI Number:** 46-3728150

**Certificate of Status Desired:** Yes

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

FINGERET, BENJAMIN  
7161 LOCKWOOD ROAD  
LAKE WORTH, FL 33467 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 FINGERET, BENJAMIN WILLIAM  
Address 7161 LOCKWOOD ROAD  
City-State-Zip: LAKE WORTH FL 33467

*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:** BENJAMIN FINGERET

**OWNER**

**04/23/2019**

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

\_\_\_\_\_  
Date