

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000177375

Entity Name: AFFORDABLE CARE ACT PLANS AGENCY, LLC

Current Principal Place of Business:

1431 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Current Mailing Address:

1431 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

FEI Number: 46-4427823

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LLORENTE, ORESTES
1431 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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 GENUINE TRUST INVESTMENT, INC.
Address 1431 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

Title MGRM
Name FEIJOO, ANTONIO G
Address 1 LUDLAM DRIVE
City-State-Zip: MIAMI SPRINGS FL 33166

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: ORESTES LLORENTE

MEMBER

01/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date