

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000011091

Entity Name: GOBAMA CARE INSURANCE LLC

Current Principal Place of Business:

8181 NW 36 STREET
1905
DORAL, FL 33166

Current Mailing Address:

8181 NW 36 STREET
SUITE 1905
DORAL, FL 33166 US

FEI Number: 46-4587557

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTRO, CLAUDIA
8181 NW 36 STREET
1905
DORAL, FL 33166 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 CASTRO, CLAUDIA
Address 8181 NW 36 STREET
1905
City-State-Zip: DORAL 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: CLAUDIA CASTRO

MGRM

04/06/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date