

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000011091

Entity Name: GOBAMA CARE INSURANCE LLC

Current Principal Place of Business:

2500 NW 79 AVE
SUITE 213
DORAL, FL 33122

Current Mailing Address:

2500 NW 79 AVE
SUITE 213
DORAL, FL 33122 US

FEI Number: 46-4587557

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTRO, CLAUDIA
2500 NW 79 AVE
SUITE 213
DORAL, FL 33122 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: CLAUDIA CASTRO

05/04/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CASTRO, CLAUDIA
Address 2500 NW 79 AVE
SUITE 213
City-State-Zip: DORAL FL 33122

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

OWNER

05/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date