

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000011091

Entity Name: GOBAMA CARE INSURANCE LLC

Current Principal Place of Business:

4471 NW 36 ST.
SUITE 229
MIAMI, FL 33166

Current Mailing Address:

4471 NW 36 ST.
SUITE 229
MIAMI, FL 33166 US

FEI Number: 46-4587557

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTRO, CLAUDIA
4471 NW 36 ST
SUITE 229
MIAMI, 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: CLAUDIA CASTRO

03/15/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CASTRO, CLAUDIA
Address 4471 NW 36 ST
SUITE 229
City-State-Zip: MIAMI 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

03/15/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date