

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000121404

Entity Name: CAPITAL HEALTH INSURANCE OF AMERICA LLC

Current Principal Place of Business:

3200 N UNIVERSITY DR
SUITE 201
CORAL SPRINGS, FL 33065

Current Mailing Address:

3200 N UNIVERSITY DR
SUITE 201
CORAL SPRINGS, FL 33065 US

FEI Number: 47-1494701

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LLANES, SAMUEL A
3200 N UNIVERSITY DR
SUITE 201
CORAL SPRINGS, FL 33065 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: SAMUEL LLANES

02/22/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name LLANES, SAMUEL A
Address 11330 NW 68TH CT
City-State-Zip: PARKLAND FL 33076

Title MGR
Name CALLEJAS, MARIO A
Address 2501 S OCEAN DR APT 537
City-State-Zip: HOLLYWOOD FL 33019

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: SAMUEL LLANES

MANAGER

02/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date