

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000121404

**Entity Name:** CAPITAL HEALTH INSURANCE OF AMERICA LLC

**Current Principal Place of Business:**

3111 N UNIVERSITY DR  
SUITE 718  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

3111 N UNIVERSITY DR  
SUITE 718  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 47-1494701

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LLANES, SAMUEL A  
3111 N UNIVERSITY DR  
SUITE 718  
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

01/27/2020

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

CEO

01/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date