

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000121404

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

**Current Principal Place of Business:**

2950 W CYPRESS CREEK RD #301  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

2950 W CYPRESS CREEK RD #301  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 47-1494701

**Certificate of Status Desired:** No

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

LLANES, SAMUEL A  
8845 RAMBLEWOOD DR  
1704  
CORAL SPRINGS, FL 33071 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

04/03/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	LLANES, SAMUEL A	Name	CALLEJAS, MARIO A
Address	8845 RAMBLEWOOD DR	Address	2501 S OCEAN DR APT 537
City-State-Zip:	CORAL SPRINGS FL 33071	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 A LLANES

**MANAGER**

04/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date