

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000192306

**Entity Name:** AA HEALTH & LIFE INSURANCE LLC

**Current Principal Place of Business:**

9645 E COLONIAL DR  
SUITE 113  
ORLANDO, FL 32817

**Current Mailing Address:**

9645 E COLONIAL DR  
SUITE 113  
ORLANDO, FL 32817

**FEI Number:** 47-5608312

**Certificate of Status Desired:** No

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

MORALES, ELIANA L  
4513 SEAFARER WAY  
ORLANDO, FL 32817 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:** ELIANA L MORALES

01/21/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGT  
Name MORALES, ELIANA  
Address 4513 SEAFARER WAY  
City-State-Zip: ORLANDO FL 32817

*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:** ELIANA L MORALES

**PRESIDENT**

01/21/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date