

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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

10/20/2016

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

MGT

10/20/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date