

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000103290

Entity Name: ACE HEALTH SOLUTION LLC

Current Principal Place of Business:

5406 HOOVER BLVD
SUITE 17
TAMPA, FL 33634

Current Mailing Address:

5406 HOOVER BLVD
SUITE 17
TAMPA, FL 33634 US

FEI Number: 81-2771158

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SINGH, PRASANNA K
5406 HOOVER BLVD
SUITE 17
TAMPA, FL 33634 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name SINGH, PRASANNA K
Address 5406 HOOVER BLVD
SUITE 17
City-State-Zip: TAMPA FL 33634

Title MGR
Name SINGH, VIBHA
Address 5406 HOOVER BLVD
SUITE 17
City-State-Zip: TAMPA FL 33634

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: PRASANNA KUMAR SINGH

MGR

04/19/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date