

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000148766

**Entity Name:** LICENSED MEDICARE SUPPLEMENT SPECIALISTS, LLC

**Current Principal Place of Business:**

6245 POWERLINE ROAD  
SUITE 102  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

10161 SW 55TH LANE  
COOPER CITY, FL 33328

**FEI Number: 81-3382627**

**Certificate of Status Desired: No**

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

DEPATHY, ROBERT  
10161 SW 55TH LANE  
COOPER CITY, FL 33328 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            DEPATHY, ROBERT  
Address        10161 SW 55TH LANE  
City-State-Zip: COOPER CITY FL 33328

*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: ROBERT DEPATHY

PRESIDENT

04/12/2017

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date