

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000148766

Entity Name: LICENSED MEDICARE SUPPLEMENT SPECIALISTS, LLC

Current Principal Place of Business:

4611 S. UNIVERSITY DR.
SUITE 176
FORT LAUDERDALE, FL 33328

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

04/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date