

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000117855

Entity Name: NHIA, LLC

Current Principal Place of Business:

2314 17TH STREET WEST
PALMETTO, FL 34221

Current Mailing Address:

2314 17TH STREET WEST
PALMETTO, FL 34221 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL HEALTH INSURANCE - AGENCIES, INC.
2314 17TH STREET WEST
PALMETTO, FL 34221 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 AR
Name STRACENER, MARVIN E
Address 2314 17TH STREET WEST
City-State-Zip: PALMETTO FL 34221

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: MARVIN E. STRACENER

PRESIDENT

02/11/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date