

**2018 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**

**01/15/2018**

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

\_\_\_\_\_ Date