

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000077722

Entity Name: ACCESS HEALTHCARE INSURANCE PROFESSIONALS, LLC

Current Principal Place of Business:

321 SW MAIN BLVD
LAKE CITY, FL 32025

Current Mailing Address:

PO BOX 1066
LAKE CITY, FL 32056

FEI Number: 82-4937559

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORESTE, VILLAR
321 SW MAIN BLVD
LAKE CITY, FL 32025 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: ORESTE VILLAR

05/01/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name VILLAR, ORESTE
Address PO BOX 1066
City-State-Zip: LAKE CITY FL 32056

Title REGISTERED AGENT
Name VILLAR, ORESTE
Address PO BOX 1066
City-State-Zip: LAKE CITY FL 32056

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: ORESTE VILLAR

PRESIDENT

05/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date