

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000103098

Entity Name: FIONN OBRIEN HEALTH INSURANCE, LLC

Current Principal Place of Business:

416 SW 1ST AVE
APT 708
FORT LAUDERDALE, FL 33301

Current Mailing Address:

416 SW 1ST AVE
APT 708
FORT LAUDERDALE, FL 33301 US

FEI Number: 85-0893926

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OBRIEN, WILLIAM F
416 SW 1ST AVE
APT 708
FOERT LAUDERDALE, FL 33301 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 OBRIEN, WILLIAM F
Address 416 SW 1ST AVE
APT 708
City-State-Zip: FORT LAUDERDALE FL 33301

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: WILLIAM OBRIEN

AMBR

04/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date