

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000061826

**Entity Name:** MEDLIFE INSURANCE LLC

**Current Principal Place of Business:**

9465 DOWDEN RD  
APT 3305  
ORLANDO, FL 32832

**Current Mailing Address:**

9465 DOWDEN RD  
APT 3305  
ORLANDO, FL 32832

**FEI Number:** 86-2082438

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GUZMAN, LOURDES M  
9465 DOWDEN RD  
APT 3305  
ORLANDO, FL 32832 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 MGR  
Name GUZMAN, LOURDES M  
Address 9465 DOWDEN RD APT 3305  
City-State-Zip: ORLANDO FL 32832

*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:** LOURDES M GUZMAN

MR

01/18/2023

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

\_\_\_\_\_  
Date