

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000061826

Entity Name: MEDLIFE INSURANCE LLC

Current Principal Place of Business:

2302 TAY WES DR
SAINT CLOUD, FL 34771

Current Mailing Address:

2302 TAY WES DR
SAINT CLOUD, FL 34771 US

FEI Number: 86-2082438

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUZMAN, LOURDES M
2302 TAY WES DR
SAINT CLOUD, FL 34771 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 2302 TAY WES DR
City-State-Zip: SAINT CLOUD FL 34771

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 GUZMAN

MGR

02/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date