

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000097392

Entity Name: EQUALITY HEALTH INSURANCE LLC

Current Principal Place of Business:

2417 OKEECHOBEE ROAD
FORT PIERCE, FL 34950

Current Mailing Address:

2417 OKEECHOBEE ROAD
FORT PIERCE, FL 34950

FEI Number: 86-2529311

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORES, SARAH C
5582 1ST SQUARE
VERO BEACH, FL 32968 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 FLORES, SARAH C
Address 5582 1ST SQUARE
City-State-Zip: VERO BEACH FL 32968

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: SARAH C. FLORES

OWNER

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date