

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000135965

Entity Name: GOOD GUYS HEALTH INSURANCE LLC

Current Principal Place of Business:

26349 OLD SPRING LAKE ROAD
BROOKSVILLE, FL 34602

Current Mailing Address:

26349 OLD SPRING LAKE RD
BROOKSVILLE, FL 34602 US

FEI Number: 86-3012646

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ZAJAC-SIMMONS, JOSHUA E
26349 OLD SPRING LAKE RD
BROOKSVILLE, FL 34602 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 MANAGER
Name ZAJAC-SIMMONS, JOSHUA
Address 26349 OLD SPRING LAKE ROAD
City-State-Zip: BROOKSVILLE FL 34602

Title MANAGER
Name MCPAHAN, CLINTON
Address 1659 LEAF FLOWER LANE
City-State-Zip: LUTZ FL 33558

Title MANAGER
Name ROUSSEAU, DEREK
Address 26349 OLD SPRING LAKE ROAD
City-State-Zip: BROOKSVILLE FL 34602

Title MANAGER
Name BURTON, KEVIN
Address 17050 HALLANDALE LOOP APT 106
City-State-Zip: LAND O LAKES FL 34638

Title MANAGER
Name MCAFEE, ROBERT
Address 16034 CRELA DR
City-State-Zip: SPRING HILL FL 34610

Title MANAGER
Name RIDDLE, ANDREW
Address 1409 VILLA CAPRI CIRCLE APT 302
City-State-Zip: ODESSA FL 33556

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: JOSHUA ZAJAC-SIMMONS

MANAGER

01/17/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date