

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000420016

**Entity Name:** SAV HEALTH QUOTES L.L.C

**Current Principal Place of Business:**

3651 NW 120TH AVE  
SUITE B  
CORAL SPRING, FL 33065

**Current Mailing Address:**

3651 NW 120TH AVE  
SUITE B  
CORAL SPRING, FL 33065 US

**FEI Number:** 92-0533766

**Certificate of Status Desired:** No

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

VILLACIS, SAMANTHA A  
3651 NW 120TH AVE  
SUITE B  
CORAL SPRING, FL 33065 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 VILLACIS, SAMANTHA A  
Address 3651 NW 120TH AVE  
SUITE B  
City-State-Zip: CORAL SPRING FL 33065

*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:** SAMANTHA A VILLACIS

MGR

02/10/2023

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

\_\_\_\_\_  
Date