

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000108703

**Entity Name:** AA HEALTHCOVERAGE LLC

**Current Principal Place of Business:**

17409 LAWN ORCHID LOOP  
LAND O LAKES, FL 34638

**Current Mailing Address:**

17409 LAWN ORCHID LOOP  
LAND O LAKES, FL 34638 US

**FEI Number:** 92-2623071

**Certificate of Status Desired:** No

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

ALEXANDER, DEREK  
5541 N UNIVERSITY DR  
103  
CORAL SPRINGS, FL 33067 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:** ALEXANDER ,DEREK

02/27/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ALIDAEI, ARMAN  
Address 17409 LAWN ORCHID LOOP  
City-State-Zip: LAND O LAKES FL 34638

*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:** ALIDAEI, ARMAN

AMBR

02/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date