

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000248541

Entity Name: EXPLAINLIFE INSURANCE LLC

Current Principal Place of Business:

1415 MARLTON PIKE E
SUITE 510
CHERRY HILL, NJ 08034

Current Mailing Address:

1415 MARLTON PIKE E
SUITE 510
CHERRY HILL, NJ 08034 US

FEI Number: 93-1485067

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAMINER, NOAH
5320 NW 23RD WAY
BOCA RATON, FL 33496 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 | Title | MGR |
| Name | KAMINER, NOAH | Name | KAMINER, ADAM |
| Address | 39 GALLOPING HILL RD | Address | 39 GALLOPING HILL RD |
| City-State-Zip: | CHERRY HILL NJ 08003 | City-State-Zip: | CHERRY HILL NJ 08003 |

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: NOAH R KAMINER

MGR

02/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date