

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L23000291440

Entity Name: TREE OF LIFE HEALTH INSURANCE L.L.C.

Current Principal Place of Business:

2550 W COLONIAL DR
#408
ORLANDO, FL 32804

Current Mailing Address:

5566 ARNOLD PALMER DR
4102
ORLANDO, FL 32811 US

FEI Number: 93-1800074

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WORLDWIDE TAX PRO
5401 S KIRKMAN RD
310
ORLANDO, FL 32811 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 ST PIERRE, BENITA
Address 2550 W COLONIAL DR
#408
City-State-Zip: ORLANDO FL 32804

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: BENITA ST PIERRE

MGR

04/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date