

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000414132

**Entity Name:** ACA BEST HEALTH BENEFITS, LLC

**Current Principal Place of Business:**

220 COMMERCE DRIVE  
SUITE 250  
IRVINE, CA 92602

**Current Mailing Address:**

220 COMMERCE DRIVE  
SUITE 250  
IRVINE, CA 92602 US

**FEI Number:** 93-3311159

**Certificate of Status Desired:** No

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

INCORPORATING SERVICES, LTD.  
1540 GLENWAY DRIVE  
TALLAHASSEE, FL 32301 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	AMBR
Name	GHAI, VIJAYANT	Name	BEST HEALTH BENEFITS, LLC
Address	220 COMMERCE DRIVE, SUITE 250	Address	220 COMMERCE DRIVE, SUITE 250
City-State-Zip:	IRVINE CA 92602	City-State-Zip:	IRVINE CA 92602

*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:** VIJAYANT GHAI

**MANAGER**

**04/25/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date