

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000501728

**Entity Name:** AFFORDABLE CARE ENROLLMENT AGENCY LLC

**Current Principal Place of Business:**

9436 GRAND PRIX LN  
BOYNTON BEACH, FL 33472

**Current Mailing Address:**

9436 GRAND PRIX LN  
BOYNTON BEACH, FL 33472

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SECHTER, MATTHEW  
9436 GRAND PRIX LN  
BOYNTON BEACH, FL 33472 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 SECHTER, MATTHEW  
Address 9436 GRAND PRIX LN  
City-State-Zip: BOYNTON BEACH FL 33472

Title MGR  
Name JOHN, WILLIAM  
Address 8200 CLEARY BLVD APT 2010  
City-State-Zip: PLANTATION FL 33324

*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: MATTHEW SECHTER**

**MGMR**

**02/09/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date