2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2024
Secretary of State
7779147312CC

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Entity Name: GOOD CARE QUOTE LLC

Current Principal Place of Business:

300 NAUTICA MILE DRIVE
CLERMONT FLORIDA, FL 34711

Current Mailing Address:

300 NAUTICA MILE DRIVE
CLERMONT, FL 34711

FEI Number: 93-4618194

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PINEDA, KERRI
300 NAUTICA MILE DRIVE
CLERMONT, FL 34711 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	DIR	Title	MGR
Name	PINEDA, JASON A	Name	PINEDA, KERRI L
Address	300 NAUTICA MILE DRIVE	Address	300 NAUTICA MILE DRIVE
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

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: JASON A PINEDA DIR 04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date