

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000556415

**Entity Name:** HEALTH ENROLLMENT GROUP INSURANCE AGENCY LLC

**Current Principal Place of Business:**

600 FAIRWAY DRIVE  
STE 206  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

600 FAIRWAY DRIVE  
STE 206  
DEERFIELD BEACH, FL 33441 US

**FEI Number:** 93-4964209

**Certificate of Status Desired:** No

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

GARFINKEL, KEITH  
600 FAIRWAY DRIVE  
STE 206  
DEERFIELD BEACH, FL 33441 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 GARFINKEL, KEITH  
Address 600 FAIRWAY DRIVE STE 206  
City-State-Zip: DEERFIELD BEACH FL 33441

Title CEO  
Name GARFINKEL, KEITH  
Address 600 FAIRWAY DRIVE STE 206  
City-State-Zip: DEERFIELD BEACH FL 33441

*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:** KEITH GARFINKEL

**MGR**

**05/08/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date