

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000079441

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Entity Name:** THE HEALTH INSURANCE TEAM, L.L.C.

**Current Principal Place of Business:**

770 SE 2ND AVE  
APT B-214  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

770 SE 2ND AVE  
APT B-214  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

**FEI Number:** 27-1079187

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COUF, ROBERT M  
325 JACARANDA DR  
PLANTATION, FL 33324 US

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

COUF, RYAN M  
770 SE 2 AVE  
B214  
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: RYAN M COUF

04/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COUF, RYAN M  
Address: 770 SE 2ND AVE APT B-214  
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RYAN M COUF

MGRM

04/25/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date