

L14000154704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

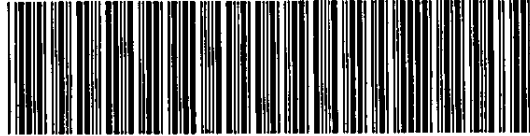
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

diss. AR 9/25/15

Office Use Only



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FILED  
2016 MAR 30 P 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 31 2016

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 29, 2016

WILLIAM BROWN  
4750 NW 1ST STREET  
PLANTATION, FL 33317

SUBJECT: NATIONAL HEALTH INSURANCE SALES LLC  
Ref. Number: L14000154704

We have received your document for NATIONAL HEALTH INSURANCE SALES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ENTITY WAS DISSOLVED 9/25/15 FOR FAILURE TO PAY ANNUAL REPORT.  
MUST REINSTATE ENTITY BEFORE THIS DOCUMENT CAN BE FILED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 416A00006441

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NATIONAL HEALTH Insurance Sales LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Brown  
Name of Person

NATIONAL HEALTH Insurance Sales LLC  
Firm/Company

4750 NW 1 St  
Address

Plantation, FL 33317  
City/State and Zip Code

Wbrownweb@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Brown at ( 954 ) 394-9640  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: National Health Insurance Sales LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

4750 NW 1 ST  
Plantation, FL 33317

4750 NW 1 ST  
Plantation FL 33317

03/31/2016

L14000154704

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Maggie Seiz  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

18400 NW 75 PLACE Suite 131  
HiWEEAH, FL 33015

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

William Brown  
**NEW Registered Office Address:**  
4750 NW 1 ST  
Plantation, FL 33317

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

William Brown  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00