

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000089522

Entity Name: ATLANTIC SENIOR HEALTH INSURANCE SERVICES LLC

Current Principal Place of Business:

4101 SW EGRET POND TERRACE
PALM CITY, FL 34990

Current Mailing Address:

4101 SW EGRET POND TERRACE
PALM CITY, FL 34990 US

FEI Number: 81-1437412

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMSON, JENNIFER
759 SOUTH FEDERAL HIGHWAY
STUART, FL 34994 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 ZIPSIR, MARY-BETH C
Address 4101 SW EGRET POND TERR
City-State-Zip: PALM CITY FL 34990

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: MARY-BETH C. ZIPSIR

MANAGING MEMBER

01/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date