### 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000054873

Entity Name: GET HEALTH QUOTE, LLC

### **Current Principal Place of Business:**

1100 NE 163RD ST 302 NORTH MIAMI BEACH, FL 33162

# **Current Mailing Address:**

1100 NE 163RD ST 302 NORTH MIAMI BEACH, FL 33162 US

# FEI Number: 45-5117553

# Name and Address of Current Registered Agent:

SAPOZNIK, RACHEL A 1100 NE 163RD ST 302 NORTH MIAMI BEACH, FL 33162 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: RACHEL A. SAPOZNIK

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

 
 Title
 MGRM

 Name
 SAPOZNIK, ISAAC S

 Address
 1100 NE 163RD ST 302

 City-State-Zip:
 NORTH MIAMI BEACH FL 33162

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: ISAAC SAPOZNIK

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

04/16/2018 Date

Date

MGRM

04/16/2018