

2016 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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAPOZNIK, ISAAC
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name SAPOZNIK, ISAAC
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 S. SAPOZNIK

MGRM

05/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date