

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000036209

Entity Name: ANDERCARE INSURANCE, LLC

Current Principal Place of Business:

13825 ICOT BLVD
SUITE 611
CLEARWATER, FL 33760

Current Mailing Address:

PO BOX 17755
CLEARWATER, FL 33762 US

FEI Number: 81-1920290

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LECOMPTE, MORRIS A
5245 CENTRAL AVENUE
ST. PETERSBURG, FL 33710 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 ANDERSON, JOHN C
Address 13825 ICOT BLVD
SUITE 611
City-State-Zip: CLEARWATER FL 33760

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: JOHN ANDERSON

MEMBER

04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date