

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000136293

Entity Name: MEDICARE NATIONWIDE INSURANCE AGENCY LLC

Current Principal Place of Business:

6204 SPOONBILL DR.
NEW PORT RICHEY, FL 34652

Current Mailing Address:

6204 SPOONBILL DR.
NEW PORT RICHEY, FL 34652 US

FEI Number: 81-3322089

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDWARDS, JACKSON L IV
6204 SPOONBILL DR.
NEW PORT RICHEY, FL 34652 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 AMBR
Name EDWARDS, JACKSON L IV
Address 6204 SPOONBILL DR
City-State-Zip: NEW PORT RICHEY FL 34652

Title P
Name ROSENBERG, ERIC C
Address 11 LANARK ROAD STE 3
City-State-Zip: BROOKLINE MA 02445

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: JACKSON L EDWARDS IV

AMBR

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date