2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2018
Secretary of State
CC6639359260

DOCUMENT# L17000053725

Entity Name: PROTECMORTGAGE, FAMILY AND HEALTH, LLC

Current Principal Place of Business:

16745 CAGAN CROSSING BLVD.
SUITE 102-85
CLERMONT, FL 34714

Current Mailing Address:

16745 CAGAN CROSSING BLVD.
SUITE 102-85
CLERMONT, FL 34714 US

FEI Number: 82-0737230

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WYLIE & ASSOCIATES, LLC
1601 PARK CENTER DR
STE. 6A
ORLANDO, FL 32835 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: HEATHER WYLIE 04/26/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR
Name	RENAUT, LORETTA L
Address	16745 CAGAN CROSSING BLVD., STE. 102-85
City-State-Zip:	CLERMONT FL 34714

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: LORETTA RENAUT AUTHORIZED MEMBER 04/26/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date