2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2019
Secretary of State
9494494291CC

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Entity Name: MEDICARE INSURANCE AGENCY OF FLORIDA, L.L.C.

Current Principal Place of Business:

4115 W. SPRUCE STREET
208
TAMPA, FL 33607

Current Mailing Address:

4115 W. SPRUCE STREET
SUITE208
TAMPA, FL 33607 US

FEI Number: 82-0690187

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAULK, JOSEPH R
4115 W. SPRUCE STREET
SUITE 208
TAMPA, FL 33607 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	MANAGER
Name	FAULK, JOSEPH
Address	4115 W. SPRUCE STREET
City-State-Zip:	TAMPA FL 33607

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: JOSEPH R FAULK MANAGER 02/06/2019

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