2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2021
Secretary of State
6356003861CC

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Entity Name: COMPLETE HEALTH OPTIONS INSURANCE AGENCY, LLC

Current Principal Place of Business:

4801 S UNIVERSITY DR.
SUITE 227
DAVIE, FL 33328

Current Mailing Address:

4801 S UNIVERSITY DR.
SUITE 227
DAVIE, FL 33328 US

FEI Number: 82-4728715

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCWILLIAMS, TERESA
4801 S UNIVERSITY DR.
SUITE 227
DAVIE, FL 33328 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: TERESA MCWILLIAMS 04/03/2021

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	LANDIS, MICHAEL	Name	SILVAS, GABRIELLE
Address	4801 S UNIVERSITY DR. SUITE 227	Address	2900 GATEWAY DR SUITE C
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	POMPANO BEACH FL 33069

Title	MBR
Name	MCWILLIAMS, TERESA L
Address	4801 S UNIVERSITY DR. SUITE 227
City-State-Zip:	DAVIE FL 33328

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: MICHAEL LANDIS MGR 04/03/2021

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