

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000079650

Entity Name: ADVANCED HEALTH BENEFITS, LLC

Current Principal Place of Business:

1457 MARTINIQUE CT APT 5608
WESTON, FL 33326

Current Mailing Address:

1457 MARTINIQUE CT APT 5608
WESTON, FL 33326 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UTLEY, STEVE
1457 MARTINIQUE CT APT 5608
WESTON, FL 33326 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 SELLARS, STEVE
Address 1457 MARTINIQUE CT APT 5608
City-State-Zip: WESTON FL 33326

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: STEVE SELLARS

AMBR

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date