

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000122448

**Entity Name:** GUADAGNI HEALTH INSURANCE LLC

**Current Principal Place of Business:**

8531 BOCA RIO DR  
BOCA RATON, FL 33433

**Current Mailing Address:**

8531 BOCA RIO DR  
BOCA RATON, FL 33433 US

**FEI Number:** 83-0578829

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GUADAGNI, FRANK B  
8531 BOCA RIO DR  
BOCA RATON, FL 33433 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 MGR  
Name GUADAGNI, FRANK  
Address 8531 BOCA RIO DR  
City-State-Zip: BOCA RATON FL 33433

Title AMBR  
Name GUADAGNI, LAUREN  
Address 8531 BOCA RIO DR  
City-State-Zip: BOCA RATON FL 33433

*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:** FRANK GUADAGNI

**OWNER**

**09/17/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date