

2020 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

REGISTERED AGENT

06/08/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date