2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2019
Secretary of State
9125233757CC

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Entity Name: MWD MEDICARE INSURANCE CHOICES, LLC

Current Principal Place of Business:

3617 WILDCAT RUN
LAKELAND, FL 33810

Current Mailing Address:

3617 WILDCAT RUN
LAKELAND, FL 33810 US

FEI Number: 66-0903079

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
3030 N. ROCKY POINT DRIVE, STE 150A
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	MGR
Name	DELLWO, MICHAEL
Address	3617 WILDCAT RUN
City-State-Zip:	LAKELAND FL 33810

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 W DELLWO MGR 02/13/2019

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