

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000221592

**FILED  
Mar 16, 2019  
Secretary of State  
9734904097CC**

**Entity Name:** SMART MEDICARE CHOICE LLC

**Current Principal Place of Business:**

14295 MOSSY OAK LN.  
MYAKKA CITY, FL 34251

**Current Mailing Address:**

14295 MOSSY OAK LN.  
MYAKKA CITY, FL 34251 US

**FEI Number: 83-2022468**

**Certificate of Status Desired: No**

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

KEEL, JENNIFER L  
14295 MOSSY OAK LN.  
MYAKKA CITY, FL 34251 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 KEEL J, ENNIFER L  
Address 14295 MOSSY OAK LN.  
City-State-Zip: MYAKKA CITY FL 34251

Title MGR  
Name KEEL, MICAH  
Address 14295 MOSSY OAK LN.  
City-State-Zip: MYAKKA CITY FL 34251

Title AMBR  
Name KEEL J, ENNIFER L  
Address 14295 MOSSY OAK LN.  
City-State-Zip: MYAKKA CITY FL 34251

*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: MICAH KEEL**

**MANAGER**

**03/16/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date