

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000221592

**FILED
Mar 17, 2020
Secretary of State
3400767997CC**

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: Yes

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, JENNIFER 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, JENNIFER 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

03/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date