

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000047253

**Entity Name:** SAFE GUARD HEALTH, LLC

**Current Principal Place of Business:**

4872 WATERWITCH POINT DR  
ORLANDO, FL 32806

**Current Mailing Address:**

4872 WATERWITCH POINT DR  
ORLANDO, FL 32806 US

**FEI Number: 83-3727030**

**Certificate of Status Desired: No**

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

DEAN MEAD SERVICES, LLC  
420 S. ORANGE AVENUE  
SUITE 700  
ORLANDO, FL 32801 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            AMBR  
Name            SKOLNIK BENEFIT SOLUTIONS, LLC  
Address        4872 WATERWITCH POINT DR  
City-State-Zip: ORLANDO FL 32806

*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: SKOLNIK BENEFIT SOLUTIONS, LLC (ERIK SKOLNIK)**

**AMBR (MGR)**

**02/10/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date