2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2020
Secretary of State
2781673233CC

DOCUMENT# L19000171492

Entity Name: SIMPLIFIED MEDICARE SOLUTIONS LLC

Current Principal Place of Business:

4522 MCALLISTER LN
NORTH PORT, FL 34288

Current Mailing Address:

4522 MCALLISTER LN
NORTH PORT, FL 34288 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEWIS, BEAU R
4522 MCALLISTER LN
NORTH PORT, FL 34288 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	LEWIS, BEAU R
Address	4522 MCALLISTER LN
City-State-Zip:	NORTH PORT FL 34288

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: BEAU R LEWIS MNGR 04/27/2020

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