

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000097512

**Entity Name:** KONNECT IN HEALTH INSURANCE LLC

**Current Principal Place of Business:**

5401 S KIRKMAN RD SUITE 321  
ORLANDO, FL 32819

**Current Mailing Address:**

1965 ESTANCIA CIRCLE  
KISSIMMEE, FL 34741 US

**FEI Number:** 85-0790929

**Certificate of Status Desired:** No

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

CALVO, JOSE  
1965 ESTANCIA CIRCLE  
KISSIMMEE, FL 34741 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 CALVO, JOSE  
Address 1965 ESTANCIA CIRCLE  
City-State-Zip: KISSIMMEE FL 34741

*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:** JOSE CALVO

**MANAGER**

**03/31/2021**

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

\_\_\_\_\_  
Date