

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000141894

Entity Name: JCM HEALTH & LIFE INSURANCE LLC

Current Principal Place of Business:

4139 W. VINE ST.
108
KISSIMMEE, 34741

Current Mailing Address:

4139 W. VINE ST.
108
KISSIMMEE, 34741 UN

FEI Number: 85-1267719

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MASIAS, JUAN C
4139 W. VINE ST. OFF 108
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 MASIAS, MYRIAN R
Address 4139 W. VINE ST
108
City-State-Zip: KISSIMMEE FL 34741

Title MGR
Name MASIAS, JUAN C
Address 4139 W. VINE ST
108
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: MYRIAN MASIAS

MGR

02/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date