

2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L20000263345

Entity Name: FAMILY HEALTH INSURANCE, LLC

Current Principal Place of Business:

10856 NW 9TH COURT
PLANTATION, FL 33324

Current Mailing Address:

10856 NW 9TH COURT
PLANTATION, FL 33324 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CANNONE, CHRISTOPHER M
10856 NW 9TH COURT
PLANTATION, FL 33324 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: CHRISTOPHER M CANNONE

03/01/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name CANNONE, CHRISTOPHER M
Address 10856 NW 9TH COURT
City-State-Zip: PLANTATION FL 33324

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: CHRISTOPHER M CANNONE

AUTHORIZED MEMBER

03/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date