## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000397174

Entity Name: HEALTH PLAN PROS, LLC

**Current Principal Place of Business:** 

300 REVILO BLVD

DAYTONA BEACH, FL 32118

**Current Mailing Address:** 

300 REVILO BLVD

DAYTONA BEACH, FL 32118 US

FEI Number: 86-1185157 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DENNISON, BRENT 300 REVILO BLVD DAYTONA BEACH, FL 32118 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

FILED Feb 10, 2025

**Secretary of State** 

3313822566CC

## Authorized Person(s) Detail:

Title MGR

Name DENNISON, BRENT Address 300 REVILO BLVD

City-State-Zip: DAYTONA BEACH FL 32118

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.

Electronic Signature of Signing Authorized Person(s) Detail