

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000139828

**Entity Name:** CARE RIGHT INSURANCE SOLUTIONS, LLC

**Current Principal Place of Business:**

27499 RIVERVIEW CENTER BLVD  
SUITE 215  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

PO BOX 1988  
BONITA SPRINGS, FL 34133

**FEI Number:** 86-2890835

**Certificate of Status Desired:** No

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

KRUGER, ANNALEE  
27499 RIVERVIEW CENTER BLVD  
SUITE 215  
BONITA SPRINGS, FL 34134 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            AMBR  
Name            KRUGER, ANNALEE  
Address        PO BOX 1988  
City-State-Zip: BONITA SPRINGS FL 34133

*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:** ANNALEE KRUGER

**AUTHORIZED MEMBER**

**03/03/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date