

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000147555

**Entity Name:** MED GAP INSURANCE AGENCY LLC

**Current Principal Place of Business:**

17799 CADENA DRIVE  
BOCA RATON, FL 33496

**Current Mailing Address:**

17799 CADENA DRIVE  
BOCA RATON, FL 33496 US

**FEI Number:** 86-2917165

**Certificate of Status Desired:** No

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

SISKIND, JEFFREY  
3465 SANTA BARBARA DRIVE  
WELLINGTON, FL 33414 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:** JEFFREY SISKIND

11/21/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RAZA, SYED  
Address 17799 CADENA DRIVE  
City-State-Zip: BOCA RATON FL 33496

*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:** SYED RAZA

MGR

11/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date