

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000006563

**Entity Name:** YOUR HEALTH QUOTE LLC

**Current Principal Place of Business:**

6424 NW 5TH WAY  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

6424 NW 5TH WAY  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 87-4332389

**Certificate of Status Desired:** No

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

MACCHIA, MICHAEL  
405 NE 2ND ST  
APT 704  
FORT LAUDERDALE, FL 33301 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 MACCHIA, MICHAEL  
Address 405 NE 2ND ST, APT 704  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** MICHAEL MACCHIA

MGR

01/16/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date