2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2024
Secretary of State
8386819851CC

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Entity Name: EXPERIENCED HEALTH INSURANCE CONSULTANTS, LLC

Current Principal Place of Business:

5925 BRANDON LN
PORT ORANGE, FL 32127

Current Mailing Address:

5925 BRANDON LN
PORT ORANGE, FL 32127 US

FEI Number: 92-0425244

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DARLING, LEONARD R
5925 BRANDON LN
PORT ORANGE, FL 32127 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	Title	MGR
Name	DARLING, LEONARD R	Name	WORKMAN, PATRICIA A
Address	5925 BRANDON LN	Address	1845 SPRUCE CREEK BLVD.
City-State-Zip:	PORT ORANGE FL 32127	City-State-Zip:	PORT ORANGE FL 32128

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: DARLING, LEONARD R MANAGER 03/26/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date