**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 26, 2023**
**Secretary of State**
**9466075269CC**

DOCUMENT# L22000425779

**Entity Name:** FVE HEALTH INSURANCE LLC

**Current Principal Place of Business:**

2366 SE 19 COURT
HOMESTEAD, FL 33035

**Current Mailing Address:**

2366 SE 19 COURT
HOMESTEAD, FL 33035 US

**FEI Number: 88-4143679**

**Certificate of Status Desired:** No

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

VILORIA ELJACH, FABIAN DEJESUS
2366 SE 19 COURT
HOMESTEAD, FL 33035 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 | VILORIA ELJACH, FABIAN DEJESUS |
| Address | 2366 SE 19 COURT |
| City-State-Zip: | HOMESTEAD FL 33035 |

*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: FABIAN DE JESUS VILORIA ELJACH MR 04/26/2023

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