

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000466514

Entity Name: LUIS FELICIANO HEALTH INSURANCE LLC

Current Principal Place of Business:

676 DEAUVILLE CT
KISSIMMEE, FL 34758

Current Mailing Address:

676 DEAUVILLE CT
KISSIMMEE, FL 34758 US

FEI Number: 93-3899988

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FILE FLORIDA CO.
7021 UNIVERSITY BLVD
WINTER PARK, FL 32792 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: BRIAN DAVIS

06/20/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name COX MEDINA, DAYANA
Address 676 DEAUVILLE CT
City-State-Zip: KISSIMMEE FL 34758

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: COX MEDINA, DAYANA

MEMBER

06/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date