

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000223015

Entity Name: 1 TRUST HEALTH INSURANCE LLC

Current Principal Place of Business:

613 NW 3RD AVE
APT 421
FORT LAUDERDALE, FL 33311

Current Mailing Address:

1721 SE 17TH ST
APT 851
FORT LAUDERDALE, FL 33316 US

FEI Number: 99-3145413

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIERRE-LOUIS, CHRISTOPHER
613 NW 3RD AVE
APT 421
FORT LAUDERDALE, FL 33311 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 CEO
Name PIERRE-LOUIS, CHRISTOPHER
Address 613 NW 3RD AVE, APT 421
City-State-Zip: FORT LAUDERDALE FL 33311

Title MGR
Name WILDGOOSE, GIA
Address 613 NW 3RD AVE, APT 421
City-State-Zip: FORT LAUDERDALE FL 33311

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: CHRISTOPHER PIERRE-LOUIS

CEO

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date