2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001486

Entity Name: COVENTRY CARELINK INSURANCE SERVICES, LLC

FILED Mar 12, 2024 **Secretary of State** 4542681152CC

Current Principal Place of Business:

901 ELKRIDGE LANDING DRIVE, SUITE 100

LINTHICUM. MD 21090

Current Mailing Address:

901 ELKRIDGE LANDING DRIVE, SUITE 100 LINTHICUM, MD 21090 US

FEI Number: 52-2269725 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

COVENTRY CARELINK INSURANCE Name

COMPANY OF MD

901 ELKRIDGE LANDING DRIVE, Address

SUITE 100

City-State-Zip: LINTHICUM MD 21090

SIGNATURE: MARIA MCILWAIN

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.

LICENSING **ADMINISTRATOR** 03/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date