

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000057338

Entity Name: PURE LIFE HEALTH INSURANCE LLC

Current Principal Place of Business:

5621 ADAIR WAY
LAKE WORTH, FL 33467

Current Mailing Address:

5621 ADAIR WAY
LAKE WORTH, FL 33467 US

FEI Number: 92-2480732

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CRAWFORD LEWIS, KERVIN K
5621 ADAIR WAY
LAKE WORTH, FL 33467 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, CEO
Name CRAWFORD LEWIS, KERVIN
Address 5621 ADAIR WAY
City-State-Zip: LAKE WORTH FL 33467

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: KERVIN CRAWFORD LEWIS

CEO

03/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date