## 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: BEN SENCENBAUGH

Electronic Signature of Signing Authorized Person(s) Detail

**Current Mailing Address:** 10027 UNIVERSITY BLVD ORLANDO, FL 32817 US

**Current Principal Place of Business:** 

## FEI Number: 26-3389523

DOCUMENT# L08000089490

10027 UNIVERSITY BLVD ORLANDO, FL 32817

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

SENCENBAUGH, BEN 10027 UNIVERSITY BLVD ORLANDO, FL 32817 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

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: CENTRAL FLORIDA REALTY MEDICS LLC

# Authorized Person(s) Detail :

Title	MGR	Title	MRG
Name	WECLEW, VICTOR T	Name	SENCENBAUGH, BEN
Address	10027 UNIVERSITY BLVD	Address	10027 UNIVERSITY BLVD
City-State-Zip:	ORLANDO FL 32817	City-State-Zip:	ORLANDO FL 32817

Date

Certificate of Status Desired: No

PRESIDENT

01/13/2020

Date