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: JOSEPH OBERTO

SENIOR FINANCIAL ANALYST

06/09/2020

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L13000016074

Entity Name: VALIDUS SENIOR LIVING MANAGEMENT COMPANY, LLC

# **Current Principal Place of Business:**

4301 ANCHOR PLAZA PKWY SUITE 400 TAMPA, FL 33634

# **Current Mailing Address:**

4301 ANCHOR PLAZA PKWY SUITE 400 TAMPA, FL 33634 US

## FEI Number: 46-1927635

### Name and Address of Current Registered Agent:

KOCHE, DAVID L 601 BAYSHORE BLVD., SUITE 700 TAMPA, FL 33606 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	: DAVID L. KOCHE	06/09/2020		
	Electronic Signature of Registered Agent		Date	
Authorized Person(s) Detail :				
Title	MANAGER	Title	AUTHORIZED MEMBER	
Name	VALIDUS GROUP PARTNERS	Name Address City-State-Zip:	SENIOR HOUSING PROPERTIES LLC	
Address	MANAGEMENT LLC 4301 ANCHOR PLAZA PKWY SUITE 400		4301 ANCHOR PLAZA PKWY SUITE 400	
City-State-Zip:	TAMPA FL 33634		TAMPA FL 33634	

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail

Date