

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000019145

**Entity Name:** SUNFISH HEALTH, LLC

**Current Principal Place of Business:**

125 E MERRITT ISLAND CSWY  
STE. 107 #355  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

125 E MERRITT ISLAND CSWY  
STE. 107 #355  
MERRITT ISLAND, FL 32952 US

**FEI Number:** 81-5199398

**Certificate of Status Desired:** No

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

MCBRIDE, JON ANDREW MR.  
125 E MERRITT ISLAND CSWY  
STE. 107 #355  
MERRITT ISLAND, FL 32952 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:** JON MCBRIDE

07/01/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MCBRIDE, JON A II  
Address 125 E MERRITT ISLAND CSWY, STE.  
107 #355  
City-State-Zip: MERRITT ISLAND FL 32952

*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:** JON MCBRIDE

MR.

07/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date