

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000260792

**Entity Name:** SENIOR PROOFING LLC

**Current Principal Place of Business:**

6028 CHESTER AVE  
STE 206D  
JACKSONVILLE, FLORIDA 32217

**Current Mailing Address:**

6028 CHESTER AVE  
STE 206D  
JACKSONVILLE, 32217 UN

**FEI Number:** 82-2921636

**Certificate of Status Desired:** No

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

CRAIG, SHERRY  
6028 CHESTER AVE  
STE 206D  
JACKSONVILLE, FL 32217 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  
Name CRAIG, SHERRY  
Address 6028 CHESTER AVE  
STE 206D  
City-State-Zip: JACKSONVILLE 32217

*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:** SHERRY CRAIG

MGR

05/02/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date