

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000082846

**Entity Name:** SENIOR HEALTH & FINANCIAL GROUP, LLC

**Current Principal Place of Business:**

BRYCE JUSTIN  
116 WEST 1ST STREET  
SANFORD, FL 32771

**FILED**  
**Mar 14, 2020**  
**Secretary of State**  
**5762034282CC**

**Current Mailing Address:**

BRYCE JUSTIN  
116 WEST 1ST STREET  
SANFORD, FL 32771 US

**FEI Number: 81-2666415**

**Certificate of Status Desired: No**

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

JUSTIN, BRYCE J  
BRYCE JUSTIN  
116 WEST 1ST STREET  
SANFORD, FL 32771 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:** BRYCE JUSTIN

03/14/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name JUSTIN, BRYCE J  
Address BRYCE JUSTIN  
116 WEST 1ST STREET  
City-State-Zip: SANFORD FL 32771

*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:** JUSTIN, BRYCE J

**MANAGER**

03/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date