

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000241113

**Entity Name:** SBROS2 LLC

**Current Principal Place of Business:**

1921 MACGUIRE RD  
SUITE 104  
WINDERMERE, FL 34786

**Current Mailing Address:**

1921 MACGUIRE RD  
SUITE 104  
WINDERMERE, FL 34786 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

STEPHEN HEALY PA CASH BALANCE PLAN LLC  
1921 MACGUIRE RD  
SUITE 104  
WINDERMERE, FL 34786 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 STEPHEN HEALY PA CASH BALANCE  
PLAN LLC  
Address 1921 MACGUIRE RD  
SUITE 104  
City-State-Zip: WINDERMERE FL 34786

Title MGR  
Name DONOVAN SELF DIRECTED IRA LLC  
Address 1921 MACGUIRE RD  
SUITE 104  
City-State-Zip: WINDERMERE FL 34786

*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:** STEPHEN HEALY

**MANAGER**

**04/28/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date