

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000377503

**Entity Name:** JUSLIV LLC

**Current Principal Place of Business:**

11533 NW 42ND STREET  
CORAL SPRING, FL 33065

**Current Mailing Address:**

11533 NW 42ND STREET  
CORAL SPRING, FL 33065 US

**FEI Number:** 88-4057152

**Certificate of Status Desired:** No

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

GOLDSON SPINE REHABILITATION CENTER  
734 N STATE ROAD 7  
PLANTATION, FL 33317 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	Title	AP
Name	LUE, JODI-ANN	Name	BLAIR, LAUREN
Address	11533 NW 42ND STREET	Address	11533 NW 42ND STREET
City-State-Zip:	CORAL SPRINGS FL 33065	City-State-Zip:	CORAL SPRINGS FL 33065

*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:** JODI-ANN LUE

**MGR**

**02/22/2023**

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

\_\_\_\_\_  
Date