#### 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000099000

Entity Name: SAGROVE LLC

#### **Current Principal Place of Business:**

75 VALENCIA AVENUE **SUITE 1150** CORAL GABLES, FL 33134

### **Current Mailing Address:**

**75 VALENCIA AVENUE SUITE 1150** CORAL GABLES, FL 33134

#### FEI Number: 45-3659069

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

FRAGA, ALBERT J 75 VALENCIA AVENUE **SUITE 1150** CORAL GABLES, FL 33134 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

# Authorized Person(s) Detail -

City-State-Zip: CORAL GABLES FL 33134

| Authorized Person(s) Detail : |                                  |                 |                                  |  |
|-------------------------------|----------------------------------|-----------------|----------------------------------|--|
| Title                         | MGRM                             | Title           | MGRM                             |  |
| Name                          | SAYEGH, FOUAD                    | Name            | SAYEGH, NELSON                   |  |
| Address                       | 75 VALENCIA AVENUE<br>SUITE 1150 | Address         | 75 VALENCIA AVENUE<br>SUITE 1150 |  |
| City-State-Zip:               | CORAL GABLES FL 33134            | City-State-Zip: | CORAL GABLES FL 33134            |  |
| Title                         | AUTHORIZED MEMBER                |                 |                                  |  |
| Name                          | SAYEGH, MICHEL                   |                 |                                  |  |
| Address                       | 75 VALENCIA AVENUE<br>SUITE 1150 |                 |                                  |  |
|                               |                                  |                 |                                  |  |

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: MICHEL SAYEGH

MB

03/21/2016

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 21, 2016 Secretary of State CC6804594145

Certificate of Status Desired: Yes