

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000049792

Entity Name: SABA & CO. LLC

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY SUITE 1603
JACKSONVILLE #56452
JACKSONVILLE, FL 32216

Current Mailing Address:

PO.BOX 56452
JACKSONVILLE, FL 32241 US

FEI Number: 82-0711822

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAZRAVAN, SABA JAZMIN PH.D, DNP
PO.BOX 56452
JACKSONVILLE, FL 32241 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: KAZRAVAN, SABA JAZMIN

03/16/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR/AMBR
Name KAZRAVAN, SABA JAZMIN PH.D, DNP
Address PO.BOX 56452
City-State-Zip: JACKSONVILLE FL 32241

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: KAZRAVAN , SABA JAZMIN , PH.D, DNP

MGR

03/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date