

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000020868

Entity Name: PONTE HEALTH PROPERTIES, LLC**Current Principal Place of Business:**3956 TOWN CENTER BLVD
609
ORLANDO, FL 32837**Current Mailing Address:**3956 TOWN CENTER BLVD
609
ORLANDO, FL 32837 US**FEI Number:** 82-4595566**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PONTE HEALTH GLOBAL CORP.
3956 TOWN CENTER BLVD
609
ORLANDO, FL 32837 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 PONTE HEALTH GLOBAL CORP.
Address 3956 TOWN CENTER BLVD
City-State-Zip: # 609 FL 32837

Title MGR
Name PONTE, TABITHA
Address 3956 TOWN CENTER BLVD
609
City-State-Zip: ORLANDO FL 32837

Title AMBR
Name BENAVIDES, JORGE A
Address 13826 OSPREY NEST LANE
#11
City-State-Zip: ORLANDO FL 32837

Title AMBR
Name SISSON, JEREMIAH J
Address 424 E CENTRAL BLVD
#536
City-State-Zip: ORLANDO FL 32801

Title AMBR
Name MAYNARD, STEDROY J
Address 4343 CASSIUS ST
City-State-Zip: ORLANDO FL 32811

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: TABITHA C PONTE

MGR

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date