### 2023 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

### 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

#### Authorized Person(s) Detail :

|  | Title           | MGR                           | Title           | MGR                   |
|--|-----------------|-------------------------------|-----------------|-----------------------|
|  | Name            | PONTE HEALTH GLOBAL CORP.     | Name            | PONTE, TABITHA        |
|  | Address         | 3956 TOWN CENTER BLVD         | Address         | 3956 TOWN CENTER BLVD |
|  | City-State-Zip: | # 609 FL 32837                |                 | # 609                 |
|  |                 |                               | City-State-Zip: | ORLANDO FL 32837      |
|  | Title           | AMBR                          |                 |                       |
|  | Nome            |                               | Title           | AMBR                  |
|  | Name            | BENAVIDES, JORGE A            | Name            | REYNOLDS. JASON A     |
|  | Address         | 13826 OSPREY NEST LANE<br>#11 |                 | ,                     |
|  |                 |                               | Address         | 13448 BEEBE ALY       |
|  | City-State-Zip: | ORLANDO FL 32837              | City-State-Zip: | ORLANDO FL 32827      |
|  |                 |                               |                 |                       |

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.

MGR

## SIGNATURE: TABITHA PONTE

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: Yes

Date