

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000082760

Entity Name: SANA RE, LLC**Current Principal Place of Business:**9420 THURLOE PL
ORLANDO, FL 32827**Current Mailing Address:**9420 THURLOE PL
ORLANDO, FL 32827 US**FEI Number:** 35-2591229**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WATSON SLOANE JOHNSON PLLC
100 S. ORANGE AVENUE
SUITE 1000
ORLANDO, FL 32801 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:** BRIAN A. WATSON

04/08/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR/AUTHORIZED OFFICER
Name	FIRST DIRECTOR LIMITED
Address	PO BOX 264, FORUM 4 GRENVILLE STREET
City-State-Zip:	ST HELIER, JERSEY CHANNEL ISLANDS, GREAT BRITAIN JE4 8TQ
Title	AUTHORIZED OFFICER
Name	AST SECRETARIES LIMITED
Address	PO BOX 264, FORUM 4, GRENVILLE STREET ST HELIER, JERSEY
City-State-Zip:	CHANNEL ISLAND, GREAT BRITAIN JE4 8TQ

Title	MGR/AUTHORIZED OFFICER
Name	SECOND DIRECTOR LIMITED
Address	PO BOX 264, FORUM 4, GRENVILLE STREET ST HELIER, JERSEY
City-State-Zip:	CHANNEL ISLAND, GREAT BRITAIN JE4 8TQ

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: BRIAN A. WATSON**AUTHORIZED
REPRESENTATIVE**

04/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date