

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000193155

Entity Name: SAGESENIOR CARE, LLC

Current Principal Place of Business:

4248 W TOWN CENTER BLVD
SUITE 2
ORLANDO, FL 32837

Current Mailing Address:

4248 W TOWN CENTER BLVD
SUITE 2
ORLANDO, FL 32837 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Title MGR
Name PONTE HEALTH SYSTEMS, LLC
Address 3956 TOWN CENTER BLVD 609
City-State-Zip: ORLANDO 32837

Title AMBR
Name MELENDEZ, MELANIE
Address 2154 BRIDGEVIEW CIRCLE
City-State-Zip: ORLANDO FL 32824

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