

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000172326

Entity Name: PONTE HEALTH PROPERTIES II, 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 UN

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PONTE, TABITHA
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 32837

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

Title MGR
Name PONTE HEALTH GLOBAL CORP.
Address 3956 TOWN CENTER BLVD 609
City-State-Zip: ORLANDO FL 32837

Title AMBR
Name REYNOLDS , JASON A
Address 13448 BEEBE ALY
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.

SIGNATURE: TABITHA PONTE

MGR

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date