

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000117457

**Entity Name:** SAGE HAINES CITY, LLC

**Current Principal Place of Business:**

1180 PONCE DE LEON BLVD. SUITE 801A  
CLEARWATER, FL 33756

**Current Mailing Address:**

1180 PONCE DE LEON BLVD. SUITE 801A  
CLEARWATER, FL 33756

**FEI Number:** 46-1031353

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAYMOND, J. PAUL  
625 COURT STREET, SUITE 200  
CLEARWATER, FL 33756 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 SHIRLEY, JODY J  
Address 1180 PONCE DE LEON BLVD, SUITE  
801A  
City-State-Zip: CLEARWATE FL 33756

*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:** JODY SHIRLEY

**MANAGER**

**04/06/2021**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date