

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000119400

Entity Name: SAPLING GROVE FAMILY CENTER, LLC

Current Principal Place of Business:

8140 COLLEGE PARKWAY SIOTE 204
FORT MYERS, FL 33919

Current Mailing Address:

14001 SHIMMERING LAKE CT
FT MYERS, FL 33907 US

FEI Number: 47-1446549

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROD, PEACE M
14001 SHIMMERING LAKE COURT
FORT MYERS, FL 33907 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 AMBR
Name BROD, PEACE M
Address 8140 COLLEGE PARKWAY
City-State-Zip: FORT MYERS FL 33919

Title AMBR
Name MEADE, JOSEPH L
Address 14001 SHIMMERING LAKE CT
City-State-Zip: FT MYERS FL 33907

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: JOSEPH MEADE

**CHIEF FINANCIAL
OFFICER**

04/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date