## **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000147499

Entity Name: SAGEWOOD ALVA FLORIDA, LLC

**Current Principal Place of Business:** 

2150 WAYLIFE CT. ALVA. FL 33920

**Current Mailing Address:** 

489 SAGEWOOD DR. IGNACIO, CO 81137 US

FEI Number: 82-4350581 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABOOD, PHILIP B 2150 WAYLIFE CT. ALVA, FL 33920 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

FILED Jan 23, 2023

**Secretary of State** 

5145856769CC

Authorized Person(s) Detail:

Title MGR Title MANAGER

NameABOOD, PHILIP BNameABOOD, DENA MARIEAddress2150 WAYLIFE CTAddress2150 WAYLIFE CT.City-State-Zip:ALVA FL 33920City-State-Zip:ALVA FL 33920

Title MANAGER

Name WEBER, SARAH ROSE
Address 2150 WAYLIFE CT.
City-State-Zip: ALVA FL 33920

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: PHILIP B ABOOD

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

01/23/2023