

**2018 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:**

2150 WAYLIFE CT.  
ALVA, FL 33920

**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

**Authorized Person(s) Detail :**

Title	MGR	Title	AUTHORIZED MEMBER
Name	ABOOD, PHILIP B	Name	ABOOD, DENA MARIE
Address	2150 WAYLIFE CT	Address	2150 WAYLIFE CT.
City-State-Zip:	ALVA FL 33920	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

**MANAGER**

**02/09/2018**

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

\_\_\_\_\_  
Date