

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000290220

**Entity Name:** SABAL 1112, LLC

**Current Principal Place of Business:**

6111 BROKEN SOUND PARKWAY NW  
SUITE 330  
BOCA RATON, FL 33487

**Current Mailing Address:**

6111 BROKEN SOUND PARKWAY NW  
SUITE 330  
BOCA RATON, FL 33487 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

WIENER, MARLYN J  
6111 BROKEN SOUND PARKWAY NW  
SUITE 330  
BOCA RATON, FL 33487 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 SMITH, DEBRA  
Address 2901 HYLANE DRIVE  
City-State-Zip: TROY MI 48098

Title MGR  
Name RISCH, STEPHEN  
Address 2901 HYLANE DRIVE  
City-State-Zip: TROY MI 48098

*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:** STEPHEN RISCH

**MANAGER**

**04/30/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date