

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000154741

**Entity Name:** SAGEVIEW PARTNERS, LLC

**Current Principal Place of Business:**

3900 ISLAND BLVD  
#306  
MIAMI, FL 33160

**Current Mailing Address:**

P.O. BOX 610074  
NORTH MIAMI, FL 33261 US

**FEI Number:** 84-2214234

**Certificate of Status Desired:** No

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

FELDMAN, SHARON  
3900 ISLAND BLVD. #306  
AVENTURA, FL 33160 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 FELDMAN, SHARON  
Address P.O. BOX 610074  
City-State-Zip: NORTH MIAMI FL 33261

*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:** SHARON FELDMAN

**GENERAL PARTNER**

**02/22/2022**

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

\_\_\_\_\_  
Date