

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000010825

Entity Name: ALTA AT HEALTH VILLAGE, LLC

Current Principal Place of Business:

3715 NORTHSIDE PKWY NW
STE:4-600
ATLANTA, GA 30327

Current Mailing Address:

3715 NORTHSIDE PKWY NW
STE:4-600
ATLANTA, GA 30327 US

FEI Number: 84-3597794

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	MBR	Title	MBR
Name	BORLAND, BRYAN	Name	LYNCH, JOSH
Address	636 W YALE STREET	Address	636 W YALE STREET
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	ORLANDO FL 32804
Title	MBR	Title	MBR
Name	DAY, BETH	Name	REYNOLDS, SEAN
Address	3715 NORTHSIDE PKWY NW, STE:4-600	Address	636 W YALE STREET
City-State-Zip:	ATLANTA GA 30327	City-State-Zip:	ORLANDO FL 32804
Title	MBR		
Name	PANZERI, ALEXANDER		
Address	401 S DIXIE HWY, STE:303		
City-State-Zip:	WEST PALM BEACH FL 33401		

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: BETH DAY

AUTHORIZED PERSON

07/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date