

2023 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 MANAGER
Name WS HEALTH VILLAGE, LLC
Address 3715 NORTHSIDE PKWY NW, STE 4-600
City-State-Zip: ATLANTA GA 30327

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: WS HEALTH VILLAGE, LLC

MANAGER

04/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date