

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000010825

**FILED**  
**Jun 25, 2020**  
**Secretary of State**  
**9669903472CC**

**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  
Name BORLAND, BRYAN  
Address 636 W YALE STREET  
City-State-Zip: ORLANDO FL 32804

Title MBR  
Name LYNCH, JOSH  
Address 636 W YALE STREET  
City-State-Zip: ORLANDO FL 32804

Title MBR  
Name DAY, BETH  
Address 3715 NORTHSIDE PKWY NW, STE:4-600  
City-State-Zip: ATLANTA GA 30327

Title MBR  
Name REYNOLDS, SEAN  
Address 636 W YALE STREET  
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  
REPRESENTATIVE**

**06/25/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date