



**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000049881 1. Entity Name SARA-EAGLE, LLC	
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Principal Place of Business 1510 SOUTH TUTTLE AVENUE SARASOTA, FL 34239	Mailing Address 1510 SOUTH TUTTLE AVENUE SARASOTA, FL 34239
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**DO NOT WRITE IN THIS SPACE**



04082008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-0550240	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**8. Name and Address of Current Registered Agent**

MAGLICH, DAVID S ESQ.  
 1515 RINGLING BLVD., TENTH FLOOR  
 SARASOTA, FL 34236

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LETSCHERT, TRUDO 1510 S TUTTLE AVE SARASOTA, FL 34239
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660000995999  
 04/24/08-80090-023 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

**SIGNATURE:**  **Trudo Letschert** **4/8/08** **941-366-9573**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #