

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000009602

**Entity Name:** SAGE ADJUSTING, LLC

**Current Principal Place of Business:**

OFFICE CLOSED  
OFFICE CLOSED, FL 08054

**Current Mailing Address:**

100 CENTURY PARKWAY  
300  
MOUNT LAUREL, NJ 08054 US

**FEI Number:** 83-1870393

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SCHAFFER, CHRISTOPHER E  
Address 64 DANBURY RD, STE 200  
City-State-Zip: WILTON CT 06897

Title MGR  
Name WOOD, RICHARD W  
Address 64 DANBURY RD, STE 200  
City-State-Zip: WILTON CT 06897

Title MGR  
Name PARRIS, GAIL A  
Address 250 W WARDLOW RD  
PACIFIC CRANE MAINTENANCE  
COMPANY LLC  
City-State-Zip: LONG BEACH CA 90807

Title MGR  
Name GODFREY, THOMAS W JR  
Address 400 E INDIAN RIVER RD  
COLONNA SHIPYARD, INC.  
City-State-Zip: NORFOLK VA 23523

Title MGR  
Name OLIVER, RODNEY W  
Address 600 WORLD TRADE CENTER  
THE PORT OF VIRGINIA  
City-State-Zip: NORFOLK VA 23510

Title MGR  
Name SNYDER, EDWARD  
Address 32A DRY DOCK AVE  
NORTHEAST SHIP REPAIR  
City-State-Zip: BOSTON MA 02210

Title MGR  
Name LATIMER, ANN V  
Address 9300 ARROWPOINT BLVD  
APM TERMINALS  
City-State-Zip: CHARLOTTE NC 28273

Title COMPLIANCE  
Name DEMICCO, MICHAEL THOMAS  
Address 19800 MACARTHUR BLVD.  
SUITE 430  
City-State-Zip: IRVINE CA 92612

*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:** DEMICCO, MICHAEL THOMAS

COMPLIANCE

01/29/2021

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

\_\_\_\_\_ Date