

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000001486

1. Entity Name  
THE SAGEMONT VIRTUAL SCHOOL, LLC



Principal Place of Business  
3500 GATEWAY DRIVE  
SUITE # 201  
POMPANO BEACH, FL 33069

Mailing Address  
3500 GATEWAY DRIVE  
SUITE # 201  
POMPANO BEACH, FL 33069



01302008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1081399

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

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

FINEBERG, LIBO B  
3500 GATEWAY DRIVE, SUITE 201  
POMPANO BEACH, FL 33069

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000000913584  
05/08/08-80022-002 143.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SAGEMONT CORP.
STREET ADDRESS	1570 TOWN CENTER CIRCLE
CITY - ST - ZIP	WESTON, FL 33326
TITLE	MGRM
NAME	FINEBERG, LIBO B
STREET ADDRESS	3500 GATEWAY DRIVE, SUITE 201
CITY - ST - ZIP	POMPANO BEACH, FL 33069
TITLE	MGRM
NAME	GOLDMAN, RICHARD M
STREET ADDRESS	2585 GLADES CIRCLE
CITY - ST - ZIP	WESTON, FL 33327
TITLE	MGRM
NAME	GOLDMAN, RENEE K
STREET ADDRESS	2585 GLADES CIRCLE
CITY - ST - ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: \***

Bret Goldman  
Member Manager

4/9/08

954-389-2454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #