

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000013824

FILED
Nov 01, 2007
Secretary of State

Entity Name: SAGE CAPITAL INVESTMENTS, LLC

Current Principal Place of Business:

PO BOX 3293
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

3710 FOGGY VEIL CT
JACKSONVILLE, FL 32250 US

Current Mailing Address:

PO BOX 3293
JACKSONVILLE, FL 32206 US

New Mailing Address:

3710 FOGGY VEIL CT
JACKSONVILLE, FL 32250 US

FEI Number: 16-1682879 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

POUCHER, ALLEN L JR.
2257 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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: ALLEN POUCHER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BEESON, DANNY R
Address: PO BOX 3293
City-St-Zip: JACKSONVILLE, FL 32206

Title: MGRM () Delete
Name: BOTKIN, ROBERT
Address: PO BOX 3293
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BOTKIN, ROBERT
Address: 3710 FOGGY VEIL CT.
City-St-Zip: JACKSONVILLE, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROBERT BOTKIN

MR

11/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date