

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90109 007 \*\*\*\*50.00

**DOCUMENT # L03000031234**

1. Entity Name

**BLUE SAGE LLC**



Principal Place of Business

**334 EAST LAKE RD., #309  
PALM HARBOR FL 34685**

Mailing Address

**334 EAST LAKE RD., #309  
PALM HARBOR FL 34685**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-0148115**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

MOORE

CR2E083 (11/03)

**24062444**



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**VALENCIA, GUSTAVO A  
1731 SPLIT FORK DR.  
OLDSMAR FL 34677**

I, 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.

(NOT Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete	MGRM	VALENCIA, ELIZABETH S	1731 SPLIT FORK DR OLDSMAR FL 34677	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Elizabeth S. Valencia, MGRM*

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

Date

**4-29-04** 8727-424-3866

Daytime Phone #