2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State
02-12-2004 90118 021 ****50.00

DOCUMENT # L03000040147

1. Entity Name
SAGE, LLC.

Principal Place of Business	Mailing Address
6745 NORTH OLD DIXIE HIGHWAY FT. PIERCE, FL 34946	6745 NORTH OLD DIXIE HIGHWAY FT. PIERCE, FL 34946

2. Principal Place of Business
3. Mailing Address
Suite, Apt #, etc. | Suite, Apt #, etc.
City & State | City & State
Zip | Country | Zip | Country

02052004 Chg-LLC CR2E083 (10/03)

4. FEI Number 41-2116121 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BEACON ACCOUNTING SERVICES, INC.
3135 S.W. MAPP ROAD
PALM CITY, FL 34990

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, SCOTT F	NAME	
STREET ADDRESS	6745 NORTH OLD DIXIE HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE, FL 34946	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. 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: Scott F Smith Scott Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #