10300054081

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
()	,	
(City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL	
(Bu	isiness Entity Name)	
(Dr	ocument Number)	
(50	outhone Harrison,	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
<u> </u>		

Office Use Only



600293054266

01/27/17--01018--011 **55.00

JAN 3 0 2017 S. YOUNG 17 JAN 27 AM 8: 02

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sage Capital Management, LLC (Name of Limited Liability Company)	_
The enclosed Articles of Dissolution and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michael C. Tppolito, CFA, CFP(R) (Name of Person)	
(Firm/Company)	Tos
16/6 Pine Bay Drive	17年
16/6 Pine Bay Drive (Address) Sararsta, FL 34231 (City/State and Zip Code)	JAN 27 AV
(Chy/State and Zip Code)	AM 8: 02
For further information concerning this matter, please call:	22
Michael C. Topolito at (941) 724-3594 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	

MAILING ADDRESS:

\$25.00 Filing Fee and Certificate of Dissolution

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The nan	ne of a limited liability company is	
	Sage Capital Management, LLC	
2. The Art	cles of Organization were filed on <u>December 17th</u> , <u>2003</u> and assigned	
docume	nt number	
Note: 1	eyed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not the document's effective date on the Department of State's records.	
	ption of occurrence that resulted in the limited liability company's dissolution pursuant to secon, Florida Statutes, (copy 605.0707 on back cover letter). For business conditions in the entity's primary	tion
	,	LLANIAS
		SSEE 27
		FL0:
	are no members, enter the name and address of the person appointed to wind up the company's and affairs:	- 8 E
	1616 Pine Bay Drive	_
	Sararota, FL 34231	-
6. Signatur listed above	e of an authorized person or if there are no members, the signature of the person appointed and to wind up the company's activities and affairs:	- d
Neils	C. Instite, CFA Signature Michael C. Inpolito, CFA Printed Name	_

FILING FEE: \$25.00