

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90050 028 ****50.00

DOCUMENT # L04000087830

1. Entity Name

SAGE HOLDINGS, LLC



Principal Place of Business

122 HOPETOWN LANE
PANAMA CITY FL 32413

Mailing Address

P.O. BOX 611512
ROSEMARY BEACH FL 32461



2. Principal Place of Business

122 Hopetown Lane

3. Mailing Address

P.O. Box 611512

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Rosemary Beach, FL

City & State

Rosemary Beach, FL

4. FEI Number

20-1219675

Applied For

Not Applicable

Zip

32461

Country

U.S.A.

Zip

32461

Country

U.S.A.

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAD CONGLETON CPA, INC.
50 UPTOWN GRAYTON CIRCLE
15
SANTA ROSA BEACH FL 32413

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SAGE, LEE A
STREET ADDRESS 122 HOPETOWN LANE
CITY-ST-ZIP SANTA ROSA BEACH FL 32413 ☐ Delete

TITLE MGRM
NAME SAGE, CAROL J
STREET ADDRESS 122 HOPETOWN LANE
CITY-ST-ZIP SANTA ROSA BEACH FL 32413 ☐ Delete

TITLE MGRM
NAME SAGE, JUSTIN H
STREET ADDRESS 122 HOPETOWN LANE
CITY-ST-ZIP SANTA ROSA BEACH FL 32413 ☐ Delete

TITLE MGRM
NAME SAGE, JONAH D
STREET ADDRESS 122 HOPETOWN LANE
CITY-ST-ZIP SANTA ROSA BEACH FL 32413 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Lee A. Sage

03/09/06 850-231-5394

Date

Daytime Phone #