

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008692

FILED
Apr 12, 2008
Secretary of State

Entity Name: SAGE IMPLEMENTATIONS, LLC

Current Principal Place of Business:

7648 SAN REMO PLACE
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

7648 SAN REMO PLACE
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 38-3302456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMS, ROBERT
7648 SAN REMO PLACE
ORLANDO, FL 32835 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ABRAMS, ROBERT
Address: 7648 SAN REMO PLACE
City-St-Zip: ORLANDO, FL 32835

Title: MGR () Delete
Name: ABRAMS, HELENE
Address: 7648 SAN REMO PLACE
City-St-Zip: ORLANDO, FL 32835

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ABRAMS, HELENE
Address: 7648 SAN REMO PLACE
City-St-Zip: ORLANDO, FL 32835

Title: MGR (X) Change () Addition
Name: ABRAMS, ROBERT
Address: 7648 SAN REMO PLACE
City-St-Zip: ORLANDO, FL 32835

Title: MGR () Change (X) Addition
Name: SILVERLINING SOFTWARE, E, LLC
Address: 7648 SAN REMO PLACE
City-St-Zip: ORLANDO, FL 32835 US

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: HELENE G ABRAMS

CEO

04/12/2008

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