2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State

DOCUMENT # L05000040699 1. Entity Name SAGE LAGRAVE LLC						04-26-2007 90030 035 ****50.00					
Principal Plac 130 SUNFLO TALLAHASSE	OWER RD EE, FL 3230	05		PO BOX 5661 TALLAHASSEE, FL 32314			60040966				
2 Principal P 136 Su Suite, Apt.	Place of Busin CAN FLOW MUSCE #, etc.	ness No P.O. Box #	3. Mailing Address Suite, Apt. #, etc.	Tadahasses Ge 32305			Chg-LLC	46(1) 818(1 841)	33 (12/06)		
City & State Tallahassee FL			City & State Kallahassee	·			per 42-1708 ED FOR		Ap	plied For	
Tallana Zip Zip	- ۲ <u>۰</u>	Country	Zip 31305	Coun	ntry 5 Certificate		e of Status Desired		5.00 Add	litional	
<u> </u>	6. Name and Address of Current F			hi	Sa	7. Name and	d Address of New Re				
LAGRAVE	- ANGELE	<u>——</u>			Name Ah	roele La	Grave			<u> </u>	
1196 JEFF	FERSON F	RD		Street Address (RO. Box							
		OLG . ,					J				
	•					ahasse		FL	Zip Code	2305	
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 : Angele ha Grave Signature, typed or grinted name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE											
	iling Fee i lue by Ma		T					check pa Departme	yable to nt of State	,	
9.	T	MANAGING MEMBE		IS/MANAGERS 10.			ADDITIONS/CHANGES				
TITLE NAME	MGRM LAGRAVE	E, ANGELE	☐ Delete	Delete TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1196 JEF	FERSON RD ASSEE, FL 32317		STREI CITY-							
TITLE		10011,11111	☐ Delete	TITLE	E				☐ Change	Addition	
NAME STREET ADDRESS				NAMI STRE	eet address						
CITY-ST-ZIP	<u> </u>			CITY	-ST-ZIP	 .					
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CITY-ST-ZIP					-ST-ZIP						
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NAME				NAM	E .						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE: Angele La Grave 3-27-07 591-8143 SIGNATURE AND TYPED OF PRINTED MANAGENE MANAGENE, OR AUTHORIZED REPRESENTATIVE Date Date Description Propries											