

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90106 015 ***138.75

DOCUMENT # L05000040699

1. Entity Name

SAGE LAGRAVE LLC



Principal Place of Business

130 SUNFLOWER RD
MOBILE HOME
TALLAHASSEE FL 32305

Mailing Address

130 SUNFLOWER RD
MOBILE HOME
TALLAHASSEE FL 32305

2. Principal Place of Business - No P.O. Box #

130 Sunflower rd

Suite, Apt. #, etc.
mobile Home

City & State
Tallahassee FL

Zip Country
32305 us

3. Mailing Address

130 Sunflower rd

Suite, Apt. #, etc.
mobile Home

City & State
Tallahassee FL

Zip Country
32305 us



1st MOORE

CR2E083 (10/07)

4. FEI Number

42-1708331

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

--LAGRAVE, ANGELE
951 CASEY RD
TALLAHASSEE FL 32305

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 reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LAGRAVE, ANGELE
STREET ADDRESS 1196 JEFFERSON RD
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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: Sage LaGrave SAGE LAGRAVE
2-18-8 (850) 443-0058
Signature, typed or printed name of signing managing member, manager, or authorized representative Date