

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000074611**

1. Entity Name  
**SAGO ENTERPRISES, LLC**



Principal Place of Business  
**8880 SOUTHWEST 133RD PLACE, UNIT C  
 MIAMI, FL 33186**

Mailing Address  
**8880 SOUTHWEST 133RD PLACE, UNIT C  
 MIAMI, FL 33186**



04302008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3232283</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**8. Name and Address of Current Registered Agent**

**MUGGLI, STEPHEN R  
 8880 SW 133 PLACE  
 MIAMI, FL 33186**

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

U00000939072  
 05/28/08-80014-006 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZADIN, LOUIS 8880 SOUTHWEST 133RD PLACE, UNIT C MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MUGGLI, STEPHEN 8880 SOUTHWEST 133RD PLACE, UNIT C MIAMI, FL 33186
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**DO NOT WRITE  
 IN THIS SPACE**

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** **4/29/08** **305-281-9909**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #