

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079734

Entity Name: SAGE, LLC

FILED  
Apr 23, 2009  
Secretary of State

## Current Principal Place of Business:

1305 W WASHINGTON  
MONTICELLO, FL 32344 US

## New Principal Place of Business:

1305 W WASHINGTON ST  
MONTICELLO, FL 32344 US

## Current Mailing Address:

5500 ASHVILLE HWY  
MONTICELLO, FL 32344 US

## New Mailing Address:

FEI Number: 20-3397574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ASHWORTH, BRIAN  
41 NESMITH LANE  
MONTICELLO, FL 32344 US

## Name and Address of New Registered Agent:

ASHWORTH, BRIAN  
5500 ASHVILLE HWY  
MONTICELLO, FL 32344 US

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:

04/23/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ASHWORTH, BRIAN  
Address: 550 ASHVILLE HWY  
City-St-Zip: MONTICELLO, FL 32344 US

Title: MGRM ( ) Delete  
Name: ASHWORTH, DAWN  
Address: 5500 ASHVILLE HWY  
City-St-Zip: MONTICELLO, FL 32344 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ASHWORTH, BRIAN  
Address: 5500 ASHVILLE HWY  
City-St-Zip: MONTICELLO, FL 32344 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRIAN ASHWORTH

MGRM

04/23/2009

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