


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 27 PM 4:44

DOCUMENT # L06000008559					
1. Entity Name SAGE EQUITIES, LLC					
Principal Place of Business 9007 MIDNIGHT PASS ROAD SARASOTA, FL 34242			Mailing Address 9007 MIDNIGHT PASS ROAD SARASOTA, FL 34242		
2. Principal Place of Business - No P.O. Box # 35 Watergate Drive		3. Mailing Address 35 Watergate Drive			
Suite, Apt. #, etc. 505		Suite, Apt. #, etc. 505			
City & State Sarasota, FL		City & State Sarasota, FL			
Zip 34236		Country U.S.		Zip 34236	
Country U.S.		Country U.S.			
4. FEI Number			02132008 REIN-LLC CR2E101 (1/07)		
5. Certificate of Status Desired			<input type="checkbox"/> \$5.00 Additional Fee Required <input checked="" type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent WILSON, MICHAEL J 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
			Jon Glickman, MANAGER 35 Watergate Drive Sarasota, FL 34236		
			300118951633 02/27/08--01039--006 **277.50		
REINSTATEMENT w/o 07-08					
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			2/15/08 941-9613362 <small>Date Daytime Phone #</small>		