

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000048017

1. Limited Liability Company's Name

Sage City Savvy, LLC

**FILED**

09 MAY 27 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900156273359  
05/21/09--01014--007 \*\*516.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

17800 NW 14th Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines

City & State

Zip

33029

Country

USA

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
William Truss

Street Address (P.O. Box Number is Not Acceptable)  
17800 NW 14th Street

Suite, Apt. #, Etc.

City  
Pembroke Pines

State  
FL

Zip Code  
33029

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent see below

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip        |
|--------|--------------------------------------|---|---------------------------|
| Mgr.   | William Truss                        | 17800 NW 14th Street                              | Pembroke Pines, Fl. 33029 |
| Mgr.   | Joann Truss                          | 17800 NW 14th Street                              | Pembroke Pines, Fl. 33029 |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |

**REINSTATEMENT 2007-09**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager William Truss

Date 5-18-09

Daytime Phone # 954-895-4134

Typed or printed name of signing Managing Member/Manager

William Truss

JB