


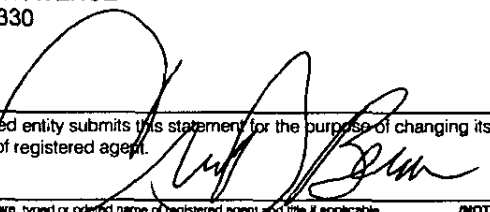
# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L06000116454</b>		
1. Entity Name <b>SAGE ADVICE INTERNATIONAL, LLC</b>		

Principal Place of Business <b>4392 SW 130TH AVENUE DAVIE, FL 33330 US</b>	Mailing Address <b>4392 SW 130TH AVENUE DAVIE, FL 33330 US</b>
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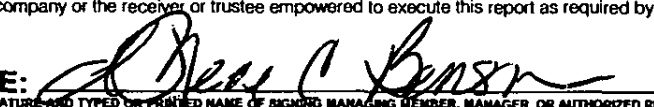
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
<b>BENSON, CAMERON</b> <b>4392 SW 130TH AVENUE</b> <b>DAVIE, FL 33330</b>	

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 	DATE <b>9/29/09</b>

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After January 1, 2010, Fee will be \$277.50</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BENSON, CAMERON 4392 SW 130TH AVENUE DAVIE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BENSON, D'RENE C 4392 SW 130TH AVENUE DAVIE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE: <b>September 29, 2009</b>

**FILED**  
**09 OCT -6 AM 11:17**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



09292009 REIN-LLC CR2E101 (1/07)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$5.00** Additional  
Fee Required

**800161284668**  
**10/02/09--01045--014 \*\*138.75**

**JB**

**REINSTATEMENT 2009**