

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024493

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: SAGE DARREN, LLC

**Current Principal Place of Business:**

4875 OXFORD WAY  
BOCA RATON, FL 33434

**New Principal Place of Business:**

4875 OXFORD WAY  
BOCA RATON, FL 33434

**Current Mailing Address:**

4875 OXFORD WAY  
BOCA RATON, FL 33434

**New Mailing Address:**

4875 OXFORD WAY  
BOCA RATON, FL 33434

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIEBERMAN, JESSE  
4875 OXFORD WAY  
BOCA RATON, FL 33434 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LIEBERMAN, JESSE  
Address: 4875 OXFORD WAY  
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGRM ( ) Delete  
Name: LIEBERMAN, ANDREA  
Address: 4875 OXFORD WAY  
City-St-Zip: BOCA RATON, FL 33434 US

**ADDITIONS/CHANGES:**

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

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: ANDREA LIEBERMAN                      MRS.                      03/02/2009

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