L08000036649

(Requestor's Name)			
(Address)			
(Address)			
,			
(City/State/Zip/Phone #)			
(Otyrotate/Elpir Horio #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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C. LEWIS

APR - 2 2009

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Sage PR Firm, LLC	
(Name of Limite	d Liability Company)
The enclosed member, managing member or managing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Odaly Victorio	
(Contact Person)	
Sage PR Firm, LLC	
(Firm/Company)	
POBox 880171	
(Address)	
Port Saint Lucie FL 34988-017171	1
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Odaly Victorio	772 878-9503
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Denartment of State for:
\$25 Filing Fee	\$55 Filing Fee &
— •=• • • • • • • • • • • • • • • • • •	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		it appears on the records of	the Florida Department	
of State is: Sag	je PR Firm, LLC			
2. This limited liability company was organized under the laws of:				
Odaly Victor	orio & Marisela Ferna	ndez		
		•		
3. The Florida docu	ment/registration number of	fthis limited liability compar	ny is:	
26-255300	8 L08000036	649		
4. I. Marisela F	ernandez	, hereby resign as a Pa	artner	
	ame of Person Resigning)	, ficieby resign as a	(Print Title)	
of this limited liab	oility company and affirm th	e limited liability company h	nas been notified of my	
resignation in wri		• master reserves		
	~			
	And to a			
Murisya	Dry Gralez			
Signature of Resi	gning Member, Managing M	fember or Manager		
1	•			
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			