

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080002

Entity Name: SAGES ADVICE LLC

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

611 S. FORT HARRISON AVE  
# 172  
CLEARWATER, FL 33756

## New Principal Place of Business:

## Current Mailing Address:

611 S. FORT HARRISON AVE  
# 172  
CLEARWATER, FL 33756

## New Mailing Address:

FEI Number: 30-0500474

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FORREST, NANCY  
6913 N ORLEANS AVE  
TAMPA, FL 33604 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: WOODBURY, WALLACE  
Address: 411 CLEVELAND STREET #105  
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM ( ) Delete  
Name: MCCLINTOCK, JULIE WYNNE  
Address: 411 CLEVELAND STREET #105  
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM ( ) Delete  
Name: WILSON, DELON  
Address: 1332 BUCKINGHAM DR  
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM ( ) Delete  
Name: WILSON, LEE  
Address: 1332 BUCKINGHAM DR  
City-St-Zip: CLEARWATER, FL 33756

## ADDITIONS/CHANGES:

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

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

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: DELON WILSON

TREA

03/23/2009

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