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(Requ	uestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SAG Advisors LLC (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Steven Perrott
(Contact Person)
(FirnvCompany)
6 WOOMont Rd
Upper Montclair NJ 07043 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (5/6) 476-3084 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Englosed please find a check made payable to the Florida Department of State for:
\$25 Filing Fee & Certified Copy
Mailing Address: Revietestion Services Street Address:
Registration Section Division of Corporations Registration Section Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 81

Tallahassee, FL 32303

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	the limited liability company as it appears on the records of the Florida De	epartment
of State is:	AG Advisors LLC	
2. The Florida o	document/registration number assigned to this limited liability company is:	;
Steven Pages	member/manager withdrew/resigned or will withdraw/resign is:)
4. I. Pri	ni Name of Person Resigning). hereby withdraw/resign as a	
Member		
	(Print Title)	
of this limited resignation in	liability company and affirm the limited liability company has been notificative.	ed of my
Signature of	Dissociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)