

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000686

FILED  
Apr 02, 2012  
Secretary of State

Entity Name: THE SAGEMONT SCHOOL, L.C.

**Current Principal Place of Business:**

1570 SAGEMONT WAY  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

2585 GLADES CIRCLE  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 65-0607202      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

FINEBERG, LIBO B ESQ  
3500 GATEWAY DRIVE  
STE 201  
POMPANO BEACH, FL 33069 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  
Name: SAGEMONT, CORP.  
Address: 3500 GATEWAY DR., #201,C/O LIBO FINEBERG  
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGRM  
Name: GOLDMAN, RICHARD M  
Address: 2585 GLADES CIRCLE  
City-St-Zip: WESTON, FL 33327 US

Title: MGRM  
Name: GOLDMAN, RENEE K  
Address: 2585 GLADES CIRCLE  
City-St-Zip: WESTON, FL 33327 US

Title: MGRM  
Name: FINEBERG, LIBO B  
Address: 3500 GATEWAY DRIVE, SUITE 201  
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGRM  
Name: GOLDMAN, BRENT O  
Address: 2585 GLADES CIRCLE  
City-St-Zip: WESTON, FL 33327 US

Title: MGR  
Name: FORTICH-LUTZ, MERCEDES E  
Address: 2585 GLADES CIRCLE  
City-St-Zip: WESTON, FL 33327 US

I hereby 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: MERCEDES FORTICH-LUTZ

MGR

04/02/2012

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