

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L98000002747

1. Entity Name
SAGEWAY DR. LLC



Principal Place of Business
1811 SAGEWAY DR.
TALLAHASSEE, FL 32303

Mailing Address
1811 SAGEWAY DR.
TALLAHASSEE, FL 32303

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FILED
04 APR 14 PM 5:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04142004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
59-3544645

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLT, ROBERT G
1811 SAGEWAY DR.
TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

500034829605
04/30/04--01028--005 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME HOLT, ROBERT G
STREET ADDRESS 1811 SAGEWAY DR.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/14/04 850-386-4134
Date Daytime Phone #