

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000126767

**Entity Name:** SAGAMAGIC, LLC

**Current Principal Place of Business:**

10800 BISCAYNE BLVD.  
SUITE 540  
MIAMI, FL 33161

**FILED**  
**Apr 23, 2024**  
**Secretary of State**  
**5937483278CC**

**Current Mailing Address:**

10800 BISCAYNE BLVD.  
SUITE 540  
MIAMI, FL 33161 US

**FEI Number:** 46-1126990

**Certificate of Status Desired:** No

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

COSMO MANAGEMENT, LLC  
10800 BISCAYNE BLVD.  
SUITE 540  
MIAMI, FL 33161 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name CLOPPET, GILLES  
Address 10800 BISCAYNE BLVD.  
SUITE 540  
City-State-Zip: MIAMI FL 33161

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EMMANUEL ALDABE

**REGISTERED AGENT**

**04/23/2024**

\_\_\_\_\_

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_

Date