

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000126767

**Entity Name:** SAGAMAGIC, LLC

**Current Principal Place of Business:**

9190 BISCAYNE BLVD. #202  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

9190 BISCAYNE BLVD. #202  
MIAMI SHORES, FL 33138 US

**FEI Number:** 46-1126990

**Certificate of Status Desired:** No

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

COSMO MANAGEMENT, LLC  
9190 BISCAYNE BLVD. #202  
MIAMI SHORES, FL 33138 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 9190 BISCAYNE BLVD. #202  
City-State-Zip: MIAMI SHORES FL 33138

Title MGR  
Name COSMO MANAGEMENT LLC  
Address 9190 BISCAYNE BLVD. #202  
City-State-Zip: MIAMI SHORES FL 33138

*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:** COSMO MANAGEMENT

**REG AGENT**

**06/30/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date