

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000130223

**Entity Name:** SAGE INFUSION LLC

**Current Principal Place of Business:**

326 17TH AVENUE N.E.  
ST. PETERSBURG, FL 33704

**Current Mailing Address:**

326 17TH AVENUE N.E.  
ST. PETERSBURG, FL 33704 US

**FEI Number:** 84-1874532

**Certificate of Status Desired:** No

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

CLEMENTS, MATTHEW B  
326 17TH AVENUE N.E.  
ST. PETERSBURG, FL 33704 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 MGR  
Name CLEMENTS, MATTHEW B  
Address 326 17TH AVENUE N.E.  
City-State-Zip: ST. PETERSBURG FL 33704

Title MGR  
Name MANZAR, SHAYAN  
Address 635 3RD ST N  
City-State-Zip: ST PETERSBURG FL 33701

*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:** MATTHEW CLEMENTS

**MANAGER**

**04/02/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date