## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003745

Entity Name: THE SAGEMONT UPPER SCHOOL, LLC

**Current Principal Place of Business:** 

3500 GATEWAY DRIVE **SUITE #201** 

POMPANO BEACH, FL 33327

## **Current Mailing Address:**

2585 GLADES CIRCLE WESTON, FL 33327 US

FEI Number: 65-0929685 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

FINEBERG, LIBO BESQ 3500 GATEWAY DRIVE **SUITE # 201** POMPANO BEACH, FL 33069 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:

Address

Date

Address

Authorized Person(s) Detail:

**MGRM** Title Title **MGRM** 

Electronic Signature of Registered Agent

SAGEMONT CORP. GOLDMAN, RICHARD M Name Name 3500 GATEWAY DRIVE 3500 GATEWAY DRIVE

> **SUITE #201 SUITE #201**

POMPANO BEACH FL 33327 City-State-Zip: City-State-Zip: POMPANO BEACH FL 33327

Title **MGRM** Title **MGRM** 

Name GOLDMAN, RENEE K Name FINEBERG, LIBO B 3500 GATEWAY DRIVE 3500 GATEWAY DRIVE Address Address

**SUITE #201 SUITE #201** 

City-State-Zip: POMPANO BEACH FL 33327 City-State-Zip: POMPANO BEACH FL 33327

Title **MGRM** Title MGR

GOLDMAN, BRENT O Name Name FORTICH-LUTZ, MERCEDES E

Address 3500 GATEWAY DRIVE Address 3500 GATEWAY DRIVE

> **SUITE #201 SUITE #201**

City-State-Zip: POMPANO BEACH FL 33327 City-State-Zip: POMPANO BEACH FL 33327

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**FILED** Apr 17, 2013

**Secretary of State** 

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