

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000051608

**Entity Name:** SPECIAL ACQUISITIONS VIII, INC.

**Current Principal Place of Business:**

6435 NAPLES BOULEVARD  
NAPLES, FL 34109

**FILED**  
**Apr 08, 2015**  
**Secretary of State**  
**CC7115606214**

**Current Mailing Address:**

6435 NAPLES BOULEVARD  
NAPLES, FL 34109 US

**FEI Number: 38-3803603**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Officer/Director Detail :**

Title DP  
Name TIETJEN, EDWARD  
Address 325 W. JOULE ST.  
City-State-Zip: ALCOA TN 37701

Title DVT  
Name RINALDI, MICHAEL  
Address 6435 NAPLES BOULEVARD  
City-State-Zip: NAPLES FL 34109

Title TREASURER  
Name PARRELLA, FRANK  
Address 6435 NAPLES BOULEVARD  
City-State-Zip: NAPLES FL 34109

Title SECRETARY  
Name LICHTENBERGER, VINCENT M  
Address 4725 PIEDMONT ROW DRIVE, STE. 110  
City-State-Zip: CHARLOTTE NC 28210

Title ASST. SECRETARY  
Name DELLINGER, KIM R  
Address 4725 PIEDMONT ROW DR., STE. 110  
City-State-Zip: CHARLOTTE NC 28210

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KIM R. DELLINGER**

**ASST. SECRETARY**

**04/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date