

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000101805

**Entity Name:** SAI CAPITAL LLC**Current Principal Place of Business:**9100 BELVEDERE ROAD  
SUITE 114  
ROYAL PALM BEACH, FL 33411**Current Mailing Address:**9 OWENS DRIVE  
MONROE TOWNSHIP, NJ 08831 US**FEI Number:** 47-1194359**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOHANKA, RAVI  
9100 BELVEDERE ROAD  
SUITE 114  
ROYAL PALM BEACH, FL 33411 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	GUNDLAPALLI, CHANDRA S
Address	9 OWENS DRIVE
City-State-Zip:	MONROE TOWNSHIP NJ 08831

Title	MBR
Name	MANDUVA, SATISH
Address	109 CORSICA COURT
City-State-Zip:	COPPELL TX 75019

Title	MBR
Name	SAYYAPARAJU, SRIHARI
Address	5953 GENTLE CALL
City-State-Zip:	CLARKSVILLE MD 21029

Title	MBR
Name	ANMALSETTY, ASHOK KUMAR
Address	6104 SYRACUSE COURT
City-State-Zip:	CLARKSVILLE MD 21029

Title	MBR
Name	DHIR, GEETA
Address	5 OWENS DRIVE
City-State-Zip:	MONROE TOWNSHIP NJ 08831

Title	MBR
Name	PAGIDIMARRI, PRANEETHA
Address	12 TENNYSON DRIVE
City-State-Zip:	PLAINSBORO NJ 08536

Title	MBR
Name	NUKALA, RADHIKA
Address	7 OWENS DR.
City-State-Zip:	MONROE TOWNSHIP NJ 08831

Title	AMBR
Name	PAKEERU, VENKATARAMANA
Address	2 TALL OAKS DR.
City-State-Zip:	MONROE TOWNSHIP NJ 08831

*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:** CHANDRA GUNDLAPALLI**MANAGER****03/07/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date