

2019 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

FILED
Aug 22, 2019
Secretary of State
6492837167CC

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

08/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date