## 2016 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

## Name and Address of Current Registered Agent:

MOHANKA, RAVI 9100 BELVEDERE ROAD SUITE 114 ROYAL PALM BEACH, FL 33411 US FILED Mar 05, 2016 Secretary of State CC5739392471

Certificate of Status Desired: No

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

#### Authorized Person(s) Detail :

Title	MGR	Title	MBR
Name	GUNDLAPALLI, CHANDRA S	Name	MANDUVA, SATISH
Address	9 OWENS DRIVE	Address	109 CORSICA COURT
City-State-Zip:	MONROE TOWNSHIP NJ 08831	City-State-Zip:	COPPELL TX 75019
Title	MBR	Title	MBR
Name	SAYYAPARAJU, SRIHARI	Name	ANMALSETTY, ASHOK KUMAR
Address	5953 GENTLE CALL	Address	6104 SYRACUSE COURT
City-State-Zip:	CLARKSVILLE MD 21029	City-State-Zip:	CLARKSVILLE MD 21029
Title	MBR	Title	MBR
Title Name	MBR DHIR, GEETA	Title Name	MBR PAGIDIMARRI, PRANEETHA
Name	DHIR, GEETA	Name	PAGIDIMARRI, PRANEETHA 12 TENNYSON DRIVE
Name Address City-State-Zip:	DHIR, GEETA 5 OWENS DRIVE MONROE TOWNSHIP NJ 08831	Name Address	PAGIDIMARRI, PRANEETHA 12 TENNYSON DRIVE
Name Address	DHIR, GEETA 5 OWENS DRIVE MONROE TOWNSHIP NJ 08831 MBR	Name Address City-State-Zip:	PAGIDIMARRI, PRANEETHA 12 TENNYSON DRIVE PLAINSBORO NJ 08536
Name Address City-State-Zip: Title Name	DHIR, GEETA 5 OWENS DRIVE MONROE TOWNSHIP NJ 08831 MBR NUKALA, RADHIKA	Name Address City-State-Zip: Title	PAGIDIMARRI, PRANEETHA 12 TENNYSON DRIVE PLAINSBORO NJ 08536 AMBR
Name Address City-State-Zip: Title	DHIR, GEETA 5 OWENS DRIVE MONROE TOWNSHIP NJ 08831 MBR NUKALA, RADHIKA 7 OWENS DR.	Name Address City-State-Zip: Title Name	PAGIDIMARRI, PRANEETHA 12 TENNYSON DRIVE PLAINSBORO NJ 08536 AMBR PAKEERU, VENKATARAMANA 2 TALL OAKS DR.

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: GUNDLAPALLI, CHANDRA S

MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Date