

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000083084

**Entity Name:** 502 SAILMAKER LLC

**Current Principal Place of Business:**

513 DIMOCK WAY  
WAKE FOREST, NC 27587

**Current Mailing Address:**

513 DIMOCK WAY  
WAKE FOREST, NC 27587 US

**FEI Number:** 82-0807393

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
3030 N. ROCK POINT DRIVE  
150A  
TAMPA, FL 33607 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	Title	AMBR
Name	STOKES, SANDRA	Name	EXSTRA LLC
Address	513 DIMOCK WAY	Address	900 E. HAMILTON AVE., STE. 100
City-State-Zip:	WAKE FOREST NC 27587	City-State-Zip:	CAMPBELL CA 95008

*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:** SANDRA STOKES

**MANAGER**

**03/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date