

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000187894

Entity Name: SAILS VENTURES, LLC

Current Principal Place of Business:

6900 TAVISTOCK LAKES BLVD
STE 200
ORLANDO, FL 32827

FILED
Mar 22, 2022
Secretary of State
1220623722CC

Current Mailing Address:

6900 TAVISTOCK LAKES BLVD
STE 200
ORLANDO, FL 32827 US

FEI Number: 81-4119698

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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 VP
Name THAKKAR, RASESH
Address 9350 CONROY WINDERMERE ROAD
City-State-Zip: WINDERMERE FL 34786

Title P
Name BEUCHER, NICHOLAS F III
Address 6900 TAVISTOCK LAKES BLVD
STE 200
City-State-Zip: ORLANDO FL 32827

Title VP, S
Name RENCORET, MICHELLE R
Address 6900 TAVISTOCK LAKES BLVD
STE 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name GANDOLFO, CHRISTOPHER
Address 6900 TAVISTOCK LAKES BLVD
STE 200
City-State-Zip: ORLANDO FL 32827

Title VP, T
Name WEAVER, BENJAMIN A
Address 6900 TAVISTOCK LAKES BLVD
STE 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name COLLIN, THOMAS CRAIG
Address 6900 TAVISTOCK LAKES BLVD
STE 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name BRUCE, JAMIE
Address 6900 TAVISTOCK LAKES BLVD
STE 200
City-State-Zip: ORLANDO FL 32827

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: NICHOLAS F. BEUCHER, III

PRESIDENT

03/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date