

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002089

Entity Name: SAI FORT MYERS M, LLC**Current Principal Place of Business:**15461 S TAMiami TRAIL
FORT MYERS, FL 33908**Current Mailing Address:**4401 COLWICK ROAD
CHARLOTTE, NC 28211 US**FEI Number:** 59-3535971**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH 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	P/M
Name	SMITH, DAVID B.
Address	4401 COLWICK ROAD
City-State-Zip:	CHARLOTTE NC 28211

Title	VP/T/M
Name	BYRD, HEATH R.
Address	4401 COLWICK ROAD
City-State-Zip:	CHARLOTTE NC 28211

Title	VP
Name	RUSS, JOHN E. III
Address	4401 COLWICK ROAD
City-State-Zip:	CHARLOTTE NC 28211

Title	S
Name	COSS, STEPHEN K.
Address	4401 COLWICK ROAD
City-State-Zip:	CHARLOTTE NC 28211

Title	ASAT
Name	O'CONNOR, JOSEPH D. JR.
Address	4401 COLWICK ROAD
City-State-Zip:	CHARLOTTE NC 28211

Title	AS
Name	BEGANE, GLENN
Address	9101 SOUTH BLVD.
City-State-Zip:	CHARLOTTE NC 28273

Title	VP
Name	BYRD, BERNARD C.
Address	4401 COLWICK ROAD
City-State-Zip:	CHARLOTTE NC 28211

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: HEATH R. BYRD

VP/T/M

04/15/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date