

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90408 050 ****50.00

DOCUMENT # L02000020594

1. Entity Name

SAI SUPER MARKET, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 CORONADO DR

Suite, Apt. #, etc.
UNIT 133

3. Mailing Address

100 CORONADO DR

Suite, Apt. #, etc.
UNIT 133

DO NOT WRITE IN THIS SPACE

City & State
CLEARWATER BEACH, FL

City & State
CLEARWATER BEACH, FL

4. FEI Number 41-2051925

Applied For
Not Applicable

Zip
33767

Country
USA

Zip
33767

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GOPAL D AJWANI

Street Address (P.O. Box Number is Not Acceptable)

100 CORONADO DR UNIT 133

City CLEARWATER BEACH

FL Zip Code
33767

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gopal D Ajwani
Signature, typed or printed name of registered agent and title if applicable.

GOPAL D AJWANI

04/09/2003

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MM
GOPAL D AJWANI
100 CORONADO DR #133,
CLEARWATER FL 33767

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Gopal D Ajwani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

GOPAL D AJWANI

04/09/03 (727) 462 0028

Date

Daytime Phone #

CR2E083B (12/02)