# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 03, 2004 8:00 am**
**Secretary of State**

05-03-2004 90129 034 ****50.00

DOCUMENT # L03000035229

1. Entity Name
SAI DHUNI LLC

Principal Place of Business
3600 E FLETCHER AVENUE
74
TAMPA, FL 33613

Mailing Address
3600 E FLETCHER AVENUE
74
TAMPA, FL 33613

2. Principal Place of Business
6771 46TH AVE N
Suite, Apt. #, etc.

3. Mailing Address
16201 ENCLAVE VILLAGE DR
Suite, Apt. #, etc.

04272004 Chg-LLC CR2E063 (10/03)

City & State
ST PETERSBURG, FL
Zip 33709 Country

City & State
TAMPA, FL
Zip 33647 Country

4. FEI Number 42-1604561
Applied F
Not Applic

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

**6. Name and Address of Current Registered Agent**

SIRAGAVARAPU, RAGHAVENDRA R
3600 E FLETCHER AVENUE
74
TAMPA, FL 33613

**7. Name and Address of New Registered Agent**

Name SIRAGAVARAPU, RAGHAVENDRA R
Street Address (P.O. Box Number is Not Acceptable) 16201 ENCLAVE VILLAGE DR
City TAMPA, FL Zip Code 33647

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 acc the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent or title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4/29/04

**Filing Fee Is $50.00**
**Due by May 1, 2004**

**Make check payable to Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

| | |
|---|---|
| TITLE P<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete<br>SIRAGAVARAPU, RAGHAVENDRA R<br>16201 ENCLAVE VILLAGE DR<br>TAMPA, FL 33647 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete |

**10. ADDITIONS/CHANGES**

| | |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Ad |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Ad |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Ad |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Ad |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Ad |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Ad |

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 informati ind cated 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: