

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000070837

1. Entity Name
SAI DIP, LLC



Principal Place of Business 2765 MAYPORT RD. 6 ATLANTIC BEACH FL 32233 US	Mailing Address 2765 MAYPORT RD. 6 ATLANTIC BEACH FL 32233 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 20-1702309	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PATEL, ANILKUMAR D
10550 BAYMEADOWS RD.
219
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, ANILKUMAR D 10550-219 BAYMEADOWS RD. JACKSONVILLE FL 32256	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, NUTAN 10550-219 BAYMEADOWS RD. JACKSONVILLE FL 32256	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, DIPEN A 10550-219 BAYMEADOWS RD. JACKSONVILLE FL 32256	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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UN00000824538
02/20/08-80083-010 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

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

2/6/08 904-249-1877

Date

Daytime Phone #