2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088802

Entity Name: SAI SPA, LLC

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4219 TRUMPWORTH COURT 4219 TRUMPWORTH COURT VALRICO, FL 33594

VALRICO, FL 33596

ADDITIONS/CHANGES:

Current Mailing Address: New Mailing Address:

4219 TRUMPWORTH COURT 4219 TRUMPWORTH COURT

VALRICO, FL 33594 VALRICO, FL 33596

FEI Number: 20-0816269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VALLAMKONDU, SOUJANYA VALLAMKONDU, SOUJANYA 4219 TRUMPWORTH COURT 4219 TRUMPWORTH COURT VALRICO, FL 33594 VALRICO, FL 33596

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: 03/24/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM Title: (X) Change () Addition () Delete VALLAMKONDU. SOUJANYA VALLAMKONDU, SOUJANYA Name: Name: Address: 4219 TRUMPWORTH COURT Address: 4219 TRUMPWORTH COURT City-St-Zip: VALRICO, FL 33594 US City-St-Zip: VALRICO, FL 33596 US

(X) Change () Addition Title: MGRM () Delete Title: Name: VALLAMKON, NAGASRINIVASU Name: VALLAMKONDU, NAGASRINIVASUL Address: 4519 TRUMPWORTH CT Address: 4519 TRUMPWORTH CT

City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33596

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: NAGASRINIVASULU VALLAMKONDU **MGRM** 03/24/2009