## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000116713

Entity Name: SAI CLEARWATER T, LLC

FILED Apr 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 21799 U.S. HWY. 19 NORTH CLEARWATER, FL 33765 **Current Mailing Address: New Mailing Address:** 21799 U.S. HWY. 19 NORTH CLEARWATER, FL 33765 FEI Number: 59-3501017 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: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete (X) Change ( ) Addition SMITH, O. BRUTON SMITH, B SCOTT Name: Name: 5401 E. INDEPENDENCE BLVD. Address: 6415 ILEDWILD RD SUITE 109 Address: City-St-Zip: CHARLOTTE, NC 28212 City-St-Zip: CHARLOTTE, NC 28212 Title: MGR Title: ( ) Delete (X) Change ( ) Addition SMITH, B. SCOTT Name: RUSS, JOHN Name: Address: 5401 E. INDEPENDENCE BLVD. Address: 6415 IDLEWILD RD SUITE 109 City-St-Zip: CHARLOTTE, NC 28212 City-St-Zip: CHARLOTTE, NC 28212 Title: MGR () Delete Title: (X) Change ( ) Addition COSPER, DAVID P COSPER, DAVID P Name: Name: 5401 E. INDEPENDENCE BLVD. 6415 IDLEWILD RD SUITE 109 Address: Address: City-St-Zip: CHARLOTTE, NC 28212 City-St-Zip: CHARLOTTE, NC 28212 Title: () Delete Title: SEC ( ) Change (X) Addition Name: Name: COSS, STEPHEN Address: Address: 6415 IDLEWILD RD SUITE 109 City-St-Zip: City-St-Zip: CHARLOTTE, NC 28212 Title: () Delete Title: ASST ( ) Change (X) Addition OCONNOR, JOSEPH Name: Name: 6415 IDLEWILD RD SUITE 109 Address: Address: City-St-Zip: City-St-Zip: CHARLOTTE, NC 28212 Title: () Delete Title: ( ) Change (X) Addition DOBLER, SCOTT Name: Name: Address: Address: 21799 US HIGHWAY 19 N CLEARWATER, FL 33765 City-St-Zip: City-St-Zip:

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: SHELLEY SIGAFOES CONT 04/16/2009





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need to add 7th officer

Jeff J Dyke, VP

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any questions please call Shelley Sigators
727 647 2914