

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000116713

Entity Name: SAI CLEARWATER T, LLC

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

21799 U.S. HWY. 19 NORTH  
CLEARWATER, FL 33765

**New Principal Place of Business:**

21799 U.S. HWY. 19 NORTH  
CLEARWATER, FL 33765 US

**Current Mailing Address:**

21799 U.S. HWY. 19 NORTH  
CLEARWATER, FL 33765

**New Mailing Address:**

4401 COLWICK ROAD  
CHARLOTTE, NC 28211 US

FEI Number: 59-3501017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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:**

Title: MGRM  
Name: SAI FL HC2, INC.  
Address: 4401 COLWICK ROAD  
City-St-Zip: CHARLOTTE, NC 28211 US

I hereby 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: DAVID P. COSPER

MGR

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date