

LD9000021949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

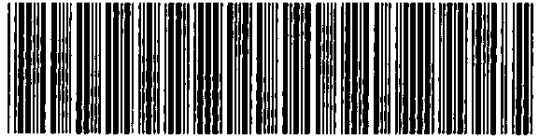
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FILED
10 AUG - 4 PM 18
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 05 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2010

JAYARAM CHIGURUPATI
127 WEST BEARS CLUB DRIVE
JUPITER, FL 33477

SUBJECT: SAISRIRAM LLC
Ref. Number: L09000021949

We have received your document for SAISRIRAM LLC and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 110A00010892

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10 AUG - 4 PM '10
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sai'siram LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jayaram Chigurupalli
Name of Person

Sai'siram LLC
Firm/Company

127 West Bear Club Drive
Address

Jupiter, FL-33477
City/State and Zip Code

Jay@hemarus.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jayaram Chigurupalli at (561) 627-6412
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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10 AUG -4 PM 18
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Sai's niram LLC
2. (a) Principal office address of limited liability company: 127 west Beach Club Dr
Jupiter, FL 33477
☐ (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 11 same as above
☐ (Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida _____
4. Document number L09000021949
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: NRAI Services, Inc
Registered Office Address: 2731 Executive Park Drive
Suite #4
Weston, FL 32831
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Jayaram Chigurupati
NEW Registered Office Address: 127 west Beach Club Drive
Jupiter, FL 33477
(MUST BE FLORIDA STREET ADDRESS)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ch. JH
Signature of a member or authorized representative of a member

Jayaram Chigurupati
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I also agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Ch. JH
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00