## L/3000/44244

(F	Requestor's Name)						
(Address)							
(Address)							
(0	City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions to Filing Officer:							
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Office Use Only



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K.SALY EXAMINER JAN - 6



November 17, 2015

ACCUMERA LLC HEATHER LABELLE 911 CENTRAL AVE. #101 ALBANY, NY 12206

SUBJECT: SAI CREATION REALTY LLC

Ref. Number: L13000144244

We have received your document for SAI CREATION REALTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed 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) 245-6051.

Letter Number: 615A00024177

Karen A Saly Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section **Division of Corporations** Sai Creation Realty 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: Heather LaBelle Name of Person Accumera LLC Firm/Company 911 Central Ave., #101 Albany, NY 12206 City/State and Zip Code into@accumera.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Heather LaBelle Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32301

■ \$25 Filing Fee

Enclosed is a check for the following amount:

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: Sai Greation					
2	(a)	2544 Tonquin Street	(1	b)	) 2544 Tonquin Stree	t	
	(4)	Principal office address of limited liability company:		,	Mailing address o	f limited liability company: E POST OFFICE BOX)	
		(Note: MUST BE STREET ADDRESS)					
		East Meadows, NY 11554			East Meadows, NY	11554	
		-					
		10/11/2013		L	L13000144244		
3.		Date of filing/registration in Florida	4.		Document nu	mber	
5	(a)	Pawan Verma					
٥.	(4)	Registered Agent and Registered Office shown on the records of	of the Florid	la (	Dept. of State:		
		141 NW 101 Street					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		1	70 20I		
			<del></del>			286 JAN	
	(b)	Miami Shores , F	<sub>L</sub> 33150	)			
		Incorporating Services, Ltd.				SSER P	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		dress:	PH 2:		
		1540 Glenway Drive				: 21	
		NEW Registered Office Address:				**	
		Tallahassee , F	<sub>L</sub> 32301	Ì			
the age wa	cha ent w s/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regi liability co of the lin e limited	on nit lia	stered office and the busin impany, it is hereby confit ited liability company or a iability company.	less office of the registered med that the change(s)	
	ionar	ure of a member or authorized representative of a member	<u>Se</u>	er	ema Trehan Printed or typed	name of signee	
_		•	rraa to co		-,	•	
pro the	visio	y accept the appointment as registered agent and as ons of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address, I	e perform	iar Cl	in inis capacity. I further ince of my duties, and I at hanter 605 FS Or if il	r agree to comply with the m familiar with and accept vis document is being filed	
ngi	pere	ly reflect a change in the registered office address, in writing of this change.	hereby c	on	infirm that the limited liab	bility company has been	
Si	manir	of Registered Agent					

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