

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000116713

**Entity Name:** SAI CLEARWATER T, LLC**Current Principal Place of Business:**21799 U.S. HWY. 19 NORTH  
CLEARWATER, FL 33765**Current Mailing Address:**4401 COLWICK ROAD  
CHARLOTTE, NC 28211 US**FEI Number:** 59-3501017**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Authorized Person(s) Detail :**

Title	VP/T	Title	VP
Name	BYRD, HEATH R.	Name	RUSS, JOHN E. III
Address	4401 COLWICK ROAD	Address	4401 COLWICK ROAD
City-State-Zip:	CHARLOTTE NC 28211	City-State-Zip:	CHARLOTTE NC 28211
Title	PRESIDENT	Title	S
Name	SMITH, DAVID B.	Name	COSS, STEPHEN K.
Address	4401 COLWICK ROAD	Address	4401 COLWICK ROAD
City-State-Zip:	CHARLOTTE NC 28211	City-State-Zip:	CHARLOTTE NC 28211
Title	VP	Title	ASAT
Name	DYKE, JEFF	Name	O'CONNOR, JOSEPH D. JR.
Address	4401 COLWICK ROAD	Address	4401 COLWICK ROAD
City-State-Zip:	CHARLOTTE NC 28211	City-State-Zip:	CHARLOTTE NC 28211
Title	AS		
Name	BEGANE, GLENN		
Address	8427 LEE HIGHWAY		
City-State-Zip:	FAIRFAX VA 22031		

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HEATH R. BYRD

VP/T

04/12/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date