

2020 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
Name BYRD, HEATH R.
Address 4401 COLWICK ROAD
City-State-Zip: CHARLOTTE NC 28211

Title VP
Name RUSS, JOHN E. III
Address 4401 COLWICK ROAD
City-State-Zip: CHARLOTTE NC 28211

Title PRESIDENT
Name SMITH, DAVID B.
Address 4401 COLWICK ROAD
City-State-Zip: CHARLOTTE NC 28211

Title S
Name COSS, STEPHEN K.
Address 4401 COLWICK ROAD
City-State-Zip: CHARLOTTE NC 28211

Title VP
Name DYKE, JEFF
Address 4401 COLWICK ROAD
City-State-Zip: CHARLOTTE NC 28211

Title ASAT
Name O'CONNOR, JOSEPH D. JR.
Address 4401 COLWICK ROAD
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

03/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date