

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000051820

**Entity Name:** SAI BABA RE LLC

**Current Principal Place of Business:**

7804 FAIRWAY LANE  
WEST PALM BEACH, FL 33412

**Current Mailing Address:**

7804 FAIRWAY LANE  
WEST PALM BEACH, FL 33412 US

**FEI Number:** 82-0773491

**Certificate of Status Desired:** No

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

THENAPPAN, ARUNACHALAM  
7804 FAIRWAY LANE  
WEST PALM BEACH, FL 33412 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           MANAGER  
Name           ARUNACHALAM, ANNAPOORNA  
Address        7804 FAIRWAY LANE  
City-State-Zip: WEST PALM BEACH FL 33412

Title           MANAGER  
Name           ARUNACHALAM, AMAR T  
Address        7804 FAIRWAY LANE  
City-State-Zip: WEST PALM BEACH FL 33412

Title           AUTHORIZED REPRESENTATIVE  
Name           THENAPPAN, ARUNACHALAM DR.  
Address        7804 FAIRWAY LANE  
City-State-Zip: WEST PALM BEACH FL 33412

*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:** ARUNACHALAM THENAPPAN

**REGISTERED  
REPRESENTATIVE**

**01/23/2022**

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

\_\_\_\_\_  
Date