

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000018570

Entity Name: SAI INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

4401 COLWICK ROAD
CHARLOTTE, NC 28211

Current Mailing Address:

4401 COLWICK ROAD
CHARLOTTE, NC 28211 US

FEI Number: 88-3993245

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 MANAGER
Name HARVIN, JAMES
Address 4401 COLWICK ROAD
City-State-Zip: CHARLOTTE NC 28211

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

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

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

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: STEPHEN K. COSS

SECRETARY

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date