

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000014315

1. Entity Name
QUEST HOSPITALITY, LLC



Principal Place of Business
898 FLORIDA PARKWAY
KISSIMMEE, FL 34743

Mailing Address
898 FLORIDA PARKWAY
KISSIMMEE, FL 34743

DO NOT WRITE IN THIS SPACE



03142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
30-0132329

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEHTA, DINYAR
898 FLORIDA PARKWAY
KISSIMMEE, FL 34743

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of individual named name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/04

**Filing Fee is \$50.00
Due by May 1, 2004**

000000100843
04/01/04-86023-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MEHTA, DINYAR
898 FLORIDA PKWY
KISSIMMEE, FL 34743

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/25/04