

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000084774

**Entity Name:** AUBURNDALE HOTEL LLC

**Current Principal Place of Business:**

10610 LOW OAK TERRACE  
THONOTOSASSA, FL 33592

**Current Mailing Address:**

10610 LOW OAK TERRACE  
THONOTOSASSA, FL 33592 US

**FEI Number:** 20-1938817

**Certificate of Status Desired:** No

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

PATEL, SHEILA  
10610 LOW OAK TERRACE  
THONOTOSASSA, FL 33592 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 MGRM  
Name PATEL, RAJ  
Address 10610 LOW OAK TERRACE  
City-State-Zip: THONOTOSASSA FL 33592

Title MGRM  
Name PATEL, SHEILA  
Address 10610 LOW OAK TERRACE  
City-State-Zip: THONOTOSASSA FL 33592

Title MGRM  
Name PATEL, SUNIL  
Address 10901 PINE LODGE TRAIL  
City-State-Zip: DAVIE FL 33328

Title MGRM  
Name PATEL, USHA  
Address 10901 PINE LODGE TRAIL  
City-State-Zip: DAVIE FL 33328

*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:** SHEILA PATEL

**MGRM**

**01/17/2018**

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

\_\_\_\_\_ Date