

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000066275

**Entity Name:** SABANNAH SUITES LLC**Current Principal Place of Business:**7209 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32809**Current Mailing Address:**P.O.BOX 1456  
LONG ISLAND CITY, NY 11101**FEI Number:** 20-3134678**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KHAN, SHARIF  
7209 SOUTH ORANGE BLOSSOM TRL  
ORLANDO, FL 32809 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:** KHAN SHARIF

03/03/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | MGRM                   |
| Name            | MASHAL, DANNY          |
| Address         | 12 OVERLOOK COURT      |
| City-State-Zip: | LOCUST VALLEY NY 11560 |

|                 |                  |
|-----------------|------------------|
| Title           | MGR              |
| Name            | ABOODY, RAYMOND  |
| Address         | 117 THE CRESCENT |
| City-State-Zip: | ROSLYN NY 11577  |

|                 |                     |
|-----------------|---------------------|
| Title           | MGR                 |
| Name            | SHEMEL, SABAH       |
| Address         | 50 CANDY LANE       |
| City-State-Zip: | GREAT NECK NY 11023 |

|                 |                  |
|-----------------|------------------|
| Title           | MGR              |
| Name            | GOLDSTEIN, ILAN  |
| Address         | 6 GLENBROOK ROAD |
| City-State-Zip: | MONSEY NY 10952  |

*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:** DANNY MASHAL

MGRM

03/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date