

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000042063

**Entity Name:** JLM HOTELS, L.L.C**Current Principal Place of Business:**4513 DECLARATION DR  
KISSIMMEE, FL 34746**Current Mailing Address:**4513 DECLARATION DR  
KISSIMMEE, FL 34746 US**FEI Number:** 20-4893419**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FRANTZ, TIMOTHY ALBERT ESQ.  
32306 OAK PARK DR  
LEESBURG, FL 34748 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:** TIMOTHY A FRANTZ

04/30/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                             |                 |                             |
|-----------------|-----------------------------|-----------------|-----------------------------|
| Title           | MGR                         | Title           | AUTHORIZED MEMBER           |
| Name            | KANAGASABAPATHY, JEYASELVAN | Name            | KANAGASABAPATHY, JEYASELVAN |
| Address         | 4513 DECLARATION DR         | Address         | 4513 DECLARATION DR         |
| City-State-Zip: | KISSIMMEE FL 34746          | City-State-Zip: | KISSIMMEE FL 34746          |
|                 |                             |                 |                             |
| Title           | AUTHORIZED MEMBER           |                 |                             |
| Name            | FRANTZ, TIMOTHY A ESQ.      |                 |                             |
| Address         | 32306 OAK PARK DR           |                 |                             |
| City-State-Zip: | LEESBURG FL 34748           |                 |                             |

*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:** TIMOTHY A FRANTZ

MEMBER

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date