

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000101163

**Entity Name:** JAX FAIRFIELD HOTEL GROUP, LLC

**Current Principal Place of Business:**

17885 COLLINS AVENUE  
4001  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

5100 PEACHTREE INDUSTRIAL BLVD  
SUITE 100  
NORCROSS, GA 30071 US

**FEI Number:** 27-3554475

**Certificate of Status Desired:** No

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

THAKKAR, NILOY  
17885 COLLINS AVENUE  
4001  
SUNNY ISLES BEACH, FL 33160 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 THAKKAR, NILOY  
Address 17885 COLLINS AVENUE UNIT 4001  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM  
Name THAKKAR, ROHAN  
Address 17885 COLLINS AVENUE UNIT 4001  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGR  
Name THAKKAR, CHITTRANJAN K  
Address 17885 COLLINS AVENUE UNIT 4001  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** CHITTRANJAN THAKKAR

**MANAGER**

**03/31/2016**

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

\_\_\_\_\_  
Date