

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000118687

**Entity Name:** SHREEJI HOTEL GROUP, LLC

**Current Principal Place of Business:**

900 FRIDAY RD  
COCOA, FL 32926

**FILED**  
**Jan 21, 2015**  
**Secretary of State**  
**CC4868887498**

**Current Mailing Address:**

380 COMMERCE PARKWAY  
ROCKLEDGE, FL 32955 US

**FEI Number: 27-3980241**

**Certificate of Status Desired: No**

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

SHAH, RAJENDRA R  
380 COMMERCE PARKWAY  
ROCKLEDGE, FL 32955 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 SHAH, RAJENDRA R  
Address 380 COMMERCE PARKWAY  
City-State-Zip: ROCKLEDGE FL 32955

Title MGRM  
Name PATEL, ATUL  
Address 380 COMMERCE PARKWAY  
City-State-Zip: ROCKLEDGE FL 32955

Title MGRM  
Name SHAH, SUNIL  
Address 380 COMMERCE PARKWAY  
City-State-Zip: ROCKLEDGE FL 32955

Title MGRM  
Name PATEL, BHUPENDRA  
Address 380 COMMERCE PARKWAY  
City-State-Zip: ROCKLEDGE FL 32955

Title MGRM  
Name SHAH, NILESH  
Address 380 COMMERCE PARKWAY  
City-State-Zip: ROCKLEDGE FL 32955

*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: RAJENDRA SHAH**

**OWNER**

**01/21/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date