

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000117580

Entity Name: VILLAGES HOSPITALITY, LLC

Current Principal Place of Business:

551 FL-44
WILDWOOD, FL 34785

Current Mailing Address:

479 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GULATI LAW, PL
479 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 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 AMBR
Name SHERIGAR, SHREY
Address 479 MONTGOMERY PLACE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGRM
Name SOMAYAJI, NARASIMHA
Address 479 MONTGOMERY PLACE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AMBR
Name RAO, NAVINCHANDRA
Address 479 MONTGOMERY PLACE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AMBR
Name SHERIGAR, RATHNAPPRABHA P.
Address 479 MONTGOMERY PLACE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AMBR
Name KANDLUR, RAKSHA
Address 479 MONTGOMERY PLACE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: NARASIMHA SOMAYAJI

MGRM

06/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date