

2024 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:

6646 MANGROVE CHASE AVE
ORLANDO, FL 32809 US

FEI Number: 83-0553956

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOMAYAJI, NARASIMHA
6646 MANGROVE CHASE AVE
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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title AMBR
Name SHEREGAR, SUMA
Address 10981 LEMON LAKE BLVD
City-State-Zip: ORLANDO FL 32836

Title MGRM
Name SOMAYAJI, NARASIMHA
Address 6646 MANGROVE CHASE AVE
City-State-Zip: ORLANDO FL 32809

Title AMBR
Name RAO, NAVINCHANDRA
Address 625 BENTLEY CT
City-State-Zip: JOHNS CREEK GA 30097

Title AMBR
Name SHERIGAR, RATHNAPPRABHA P.
Address 900 LAKESIDE ESTATES DR
City-State-Zip: APOPKA FL 32703

Title AMBR
Name KANDLUR, RAKSHA
Address 700 FREEMAN DR
APT # 113
City-State-Zip: HAMPTON VA 23666

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

MANAGING MEMBER

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date