

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000117582

**Entity Name:** RS FLORIDA 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: 83-0548048**

**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 AUTHORIZED MEMBER  
Name SHERIGAR, SHREY  
Address 5956 WINCHESTER ISLE ROAD  
City-State-Zip: ORLANDO FL 32809

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

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

Title AUTHORIZED MEMBER  
Name SHERIGAR, RATNAPRABHA  
Address 6349 CONROY WINDERMERE ROAD  
APT 2205  
City-State-Zip: ORLANDO FL 32835

Title AUTHORIZED MEMBER  
Name KANDLUR, RAKSHA  
Address 6349 CONROY WINDEREMERE ROAD  
APT 2205  
City-State-Zip: ORLANDO FL 32835

*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**

**04/06/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date