

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000415916

**Entity Name:** 101 GIFT SHOP #10 LLC

**Current Principal Place of Business:**

4610 MOBILE HWY, STE B,  
PENSACOLA, FL 32506

**Current Mailing Address:**

2224 UPLAND WAY  
TALLAHASSEE, FL 32311 US

**FEI Number:** 87-2759015

**Certificate of Status Desired:** No

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

PATEL, NILAY  
2224 UPLAND WAY  
TALLAHASSEE, FL 32311 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 PATEL, NILAY  
Address 2224 UPLAND WAY  
City-State-Zip: TALLAHASSEE FL 32311

Title MGRM  
Name PATEL, NITINKUMAR A  
Address 5811 VILLAGE RIDGE WAY  
City-State-Zip: TALLAHASSEE FL 32312

Title MBR  
Name PATEL, NILAM N  
Address 5811 VILLAGE RIDGE WAY  
City-State-Zip: TALLAHASSEE FL 32312

Title MBR  
Name PATEL, JASHODABEN A  
Address 5811 VILLAGE RIDGE WAY  
City-State-Zip: TALLAHASSEE FL 32312

*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:** NILAY PATEL

**MANAGING MEMBER**

**02/06/2024**

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

\_\_\_\_\_  
Date