

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000503333

**Entity Name:** SIDDHI HOSPITALITY ORLANDO LLC

**Current Principal Place of Business:**

8419 FOXWORTH CIRCLE  
ORLANDO, FL 32819

**Current Mailing Address:**

8419 FOXWORTH CIRCLE  
ORLANDO, FL 32819 US

**FEI Number:** 87-3747873

**Certificate of Status Desired:** No

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

PATEL, ASHISHKUMAR P  
8419 FOXWORTH CIR  
ORLANDO, FL 32819 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 PATEL, ASHISHKUMAR P  
Address 8419 FOXWORTH CIR  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name PATEL, POOJA  
Address 8419 FOXWORTH CIRCLE  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name PATEL, PINKEYBEN  
Address 8419 FOXWORTH CIRCLE  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name PATEL, HETALKUMARI  
Address 8419 FOXWORTH CIRCLE  
City-State-Zip: ORLANDO FL 32819

*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:** ASHISHKUMAR P PATEL

AMBR

04/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date