

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000105934

**Entity Name:** DUNN HOSPITALITY, LLC

**Current Principal Place of Business:**

2067 PROFESSIONAL CENTER DRIVE  
ORANGE PARK, FL 32073

**Current Mailing Address:**

2067 PROFESSIONAL CENTER DRIVE  
ORANGE PARK, FLORIDA, FL 32073 US

**FEI Number: 88-1090085**

**Certificate of Status Desired: No**

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

SHAH, AKASH  
2067 PROFESSIONAL CENTER DRIVE  
ORANGE PARK, FL 32073 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 MGR  
Name SHAH, AKASH  
Address 2067 PROFESSIONAL CENTER DRIVE  
City-State-Zip: ORANGE PARK FL 32073

Title MGR  
Name SHAH, AMIT  
Address 10859 AVENTURA DRIVE  
City-State-Zip: JACKSONVILLE FL 32256

Title MGR  
Name SHAH, SAGAR  
Address 509 CANDLEBARK DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

Title MGR  
Name SHAH, VITAN  
Address 9590 WEXFORD CHASE ROAD  
City-State-Zip: JACKSONVILLE FL 32257

Title MGR  
Name SHAH, NAMRATA  
Address 9590 WEXFORD CHASE ROAD  
City-State-Zip: JACKSONVILLE FL 32267

Title MGR  
Name PATEL, PREM  
Address 10380 AVENTURA DRIVE  
City-State-Zip: JACKSONVILLE FL 32256

*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: AKASH SHAH**

**MGR**

**02/15/2024**

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

\_\_\_\_\_  
Date