

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000015131

1. Entity Name  
EMBASSY INVESTMENT VI, LLC



Principal Place of Business

CASTILLO ROYALE  
530 A1A BEACH BLVD  
SAINT AUGUSTINE, FL 32080

Mailing Address

444 SEABREEZE BLVD., SUITE 200  
DAYTONA BEACH, FL 32118

**DO NOT WRITE IN THIS SPACE**



01212005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3698122

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BHoola, MANOJ  
444 SEABREEZE BLVD., SUITE 200  
DAYTONA BEACH, FL 32118

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME BHoola, MANOJ A  
STREET ADDRESS 444 SEABREEZE BLVD., SUITE 200  
CITY- ST- ZIP DAYTONA BEACH, FL 32118

TITLE MGRM  
NAME ASHDJI, FARID  
STREET ADDRESS 444 SEABREEZE BLVD., SUITE 200  
CITY- ST- ZIP DAYTONA BEACH, FL 32118

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U00000229421  
02/14/05-80080-005 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/16/05

386 852 577