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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State
05-12-2002 90591 025 ****50.00

92748

DOCUMENT #: L01000004388

1. Entity Name
CHATEAU MOTEL, L.L.C.

Principal Place of Business	Mailing Address
[redacted]	[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3518 W. IRLO BRONSON MEMORIAL	3. Mailing Address: 3518 W IRLO BRONSON MEMORIAL
Suite, Apt. #, etc.: HWY	Suite, Apt. #, etc.: HWY
City & State: KISSIMMEE	City & State: KISSIMMEE, FL
Zip: 34741 Country:	Zip: 34741 Country:

4. FEI Number: 59-3706072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
[redacted]	David M. Sanpaul
	Street Address (P.O. Box Number is Not Acceptable): 1222 CAROLINA AVE
	City: ST. CLOUD FL Zip Code: 34769

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.

SIGNATURE: David M. Sanpaul DATE: 4/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SANPAUL, MOHANCHAND D [redacted] ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SANPAUL, MOHANCHAND D. 1222 CAROLINA AVE ST CLOUD, FL 34769
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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: David M. Sanpaul Date: 4/25/02 Daytime Phone #: 407-957-0668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE