

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 90692 047 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

5/5/2003-90692-047-\$50.00-\$50.00

DOCUMENT # L01000009006

1. Entity Name

ROYAL STAR RESORTS, LLC



Principal Place of Business

12179 APOPKA VINELAND RD. UNIT 541
ORLANDO FL 32836

Mailing Address

12179 APOPKA VINELAND RD. UNIT 541
ORLANDO FL 32836

2. Principal Place of Business

2407 West US 192

3. Mailing Address

P.O. Box 2340

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

WINDHOLM FL

Zip

34741

Country

USA

Zip

34786

Country

USA

4. FEI Number 59-3722859

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NANA KAUSHIK J
1279 APOPKA VINELAND RD., #341
ORLANDO FL 32838

7. Name and Address of New Registered Agent

Name Mohammed Quduci

Street Address (P.O. Box Number is Not Acceptable)
2407 West US 192

City Kissimmee

FL

Zip Code 34741

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 MOHAMMED QUDUCI

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

(NOTICE: Registered Agent signature required when substituting)

6-2-03

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	QUDDUCI, MOHAMMED	
STREET ADDRESS	12179 APOPKA VINELAND RD., UNIT 541	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10.

ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

CR12083 (10/02)