

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2002 8:00 am**  
**Secretary of State**

08-28-2002 90035 044 \*\*\*\*50.00

**DOCUMENT # L01000019883**

1. Entity Name

**SKY HOSPITALITY L.L.C.**

Principal Place of Business

Mailing Address

**207 U.S. HIGHWAY 231  
 PANAMA CITY FL 32405**

**207 U.S. HIGHWAY 231  
 PANAMA CITY FL 32405**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**26508 US HWY 19 N**  
 Suite, Apt. #, etc.

**26508 US HWY 19 N**  
 Suite, Apt. #, etc.

City & State

**CLEARWATER, FL**

City & State

**CLEARWATER, FL**

4. FEI Number

**59-3755563**

Applied For

Not Applicable

Zip

Country

**33761**

**USA**

Zip

Country

**33761**

**USA**

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

**PATEL, NARESHMUMAR  
 207 U.S. HIGHWAY 231  
 PANAMA CITY FL 32405**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Delete  
 NAME **PATEL, NARESHKUMAR**  
 STREET ADDRESS **207 U.S. HIGHWAY 231**  
 CITY-ST-ZIP **PANAMA CITY FL 32405**

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

TITLE **MGRM** ☐ Delete  
 NAME **PATEL, JAYESHKUMAR**  
 STREET ADDRESS **207 U.S. HIGHWAY 231**  
 CITY-ST-ZIP **PANAMA CITY FL 32405**

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

TITLE **MGRM** ☒ Delete  
 NAME **PATEL, KIRTIKUMAR**  
 STREET ADDRESS **207 U.S. HIGHWAY 231**  
 CITY-ST-ZIP **PANAMA CITY FL 32405**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**8-3-02 727-796-1234**

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

Date

Daytime Phone #

CR2E083 (4/02)