

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-06-2003 90003 047 ****50.00

DOCUMENT # L02000010090

1. Entity Name

AXAR HOSPITALITY, L.L.C.



Principal Place of Business

Mailing Address

**2646 EVERLETH CT.
LAKELAND FL 33810**

**2646 EVERLETH CT.
LAKELAND FL 33810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

300069976

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, INDRAPRAKASH B

**2646 EVERLETH CT.
LAKELAND FL 33810**

Name **BHARAT PATEL**

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

2646 EVERLETH CT

Lakeland

City

FL

Zip Code

33810

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]

INDRAPRAKASH B PATEL

3-4-03

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PATEL, INDRAPRAKASH B
2646 EVERLETH CT.
LAKELAND FL 33810**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PATEL, JAYESH
2646 EVERLETH CT.
LAKELAND FL 33810**

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PATEL, RAJESH
2646 EVERLETH CT.
LAKELAND FL 33810**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BHARAT, PATEL
2646 EVERLETH CT
Lakeland FL 33810**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PATEL, RAJESH
2646 EVERLETH CT.
LAKELAND FL 33810**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BHARAT, PATEL
2646 EVERLETH CT
Lakeland FL 33810**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PATEL, RAJESH
2646 EVERLETH CT.
LAKELAND FL 33810**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BHARAT, PATEL
2646 EVERLETH CT
Lakeland FL 33810**

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PATEL, RAJESH
2646 EVERLETH CT.
LAKELAND FL 33810**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BHARAT, PATEL
2646 EVERLETH CT
Lakeland FL 33810**

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PATEL, RAJESH
2646 EVERLETH CT.
LAKELAND FL 33810**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BHARAT, PATEL
2646 EVERLETH CT
Lakeland FL 33810**

☐ Change

☐ Addition

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]

RE REQUIRED

3-4-03

863-67-1818

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

Date

Daytime Phone #

CR2E083 (10/02)