

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90021 045 *****55.00

DOCUMENT # L02000015355

1. Entity Name
S. & G. HOTEL MANAGEMENT, LLC



Principal Place of Business
7900 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809

Mailing Address
7900 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809

24052370



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
04-3691229

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WRIGHT, GREG
4401 VINELAND ROAD STE A-16
ORLANDO, FL 32811

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

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
IODICE, SAL
7900 S. ORANGE BLOSSOM TR.
ORLANDO, FL 32809 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
MGRM
WRIGHT, GREG
4401 VINELAND ROAD STE A-16
ORLANDO, FL 32811 ☐ Delete

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #