

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000017507

1. Entity Name
WELCOME HOSPITALITY LLC



Principal Place of Business
**COMFORT INN OF ORANGE PARK
341 PARK AVE
ORANGE PARK, FL 32073**

Mailing Address
**COMFORT INN OF ORANGE PARK
341 PARK AVE
ORANGE PARK, FL 32073**



04042006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0037349

Applied For
Not Applicant

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

**PATEL, SWATI B
11101-1 ST. AUGUSTINE RD
#196
JACKSONVILLE, FL 32257**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PATEL, PARESH D
STREET ADDRESS	511 PLAINFIELD AVE, # 6
CITY- ST- ZIP	ORANGE PARK, FL 32073
TITLE	MGR
NAME	PATEL, BALVANT G
STREET ADDRESS	11101-1 ST AUGUSTINE RD, PMB# 192
CITY- ST- ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000500482
04/25/06-80023-018 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

BALVANT PATEL

4/3/06

904 230 9790