

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017507

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: WELCOME HOSPITALITY LLC

**Current Principal Place of Business:**

COMFORT INN OF ORANGE PARK  
341 PARK AVE  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

2750-350 RACE TRACK RD  
#154  
ST. JOHNS, FL 32259

**New Mailing Address:**

2750-305 RACE TRACK RD  
#154  
ST. JOHNS, FL 32259

FEI Number: 20-0037349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATEL, SWATI B  
2750-305 RACETRACK ROAD  
#154  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PATEL, PARESH D  
Address: 341 PARK AVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: MGR ( ) Delete  
Name: PATEL, BALVANT G  
Address: 2750-350 RACE TRACK RD. #154  
City-St-Zip: ST. JOHNS, FL 32259

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: PATEL, BALVANT G  
Address: 2750-305 RACE TRACK RD. #154  
City-St-Zip: ST. JOHNS, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BALVANT PATEL

MGRM

01/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date