2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) 8/27/2004-90104-005-\$55.00-\$55.00

DOCUMENT # L03000048128 1. Entity Name						LED			
ONKOR SUITES, LLC					4 7		3		
				1	_04 OCT	18 PM 3:5	J		
Principal Place of Business Mailing Address 14977-FHST STREET EAST, APARTMENT UP 14977-FIRST STREET EA			AST A	PARTMENT UP	RECOVE I	ARY OF SIA	ផ្លាំ C មាល ស		
MADEIRA BEACH FL 32708 MADEIRA BEACH FL 33708			3708	ANIMEN OF	TALLAH	ARY OF STA ASSEE, FLOR	HUM		
						IO PAO			
2. Principal Pl	3. Mailing Address	ing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		┪	MOORE	CR2E08:	3 (4/04)		
_ City & State City & State			itate		4. FEi Nun	nber		Apr	plied For
MAdes		· · · · · · · · · · · · · · · · · · ·				20-04579	175	1	Applicable
	S Country	Zip Count		ry	5. Certifica	ate of Status Desired		55.00 Addi see Required	
6. Name and Address of Current Registered Agent				Bio	7. Name a	nd Address of New F	legistered Ar	gent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33145									
		_		City			FL	Zip Code	,
8. The above named entity submits this externent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent,									and accept
SIGNATURE 8123164									
Signature, typod or prysight not dispers and later and later applicable. (INOTE: Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$50.00									
		Make Check Payabl							
				mber 8, 2004	N				
9.	MANAGING MEMBE		10.			ADDITIONS	/CHANGES	53.0	
TITLE NAME	MIGH CHANAL MANDAGE Delete IIII. MUTLU, KORHAN A			•				Change	Addition
STREET ADDRESS	EET ADDRESS 14977 FIRST STREET EAST, APARTMENT UPPER SIR			ET ADDRESS					
TITLE	MADEIRA BEACH FL 33708 CIN			- ST-ZIP				[] Change	☐ Addition
NAME	MUTLU, KORHAN A							Lag Orlange	C FACTORIAN)
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NAME		O Ocice	NAM	i i		/ N/S/	ı		
STREET ADDRESS CITY-ST-ZIP		. "		EET ADDRESS - ST-ZIP		O.			
11. Lhereby	certify that the information supplied with	this filing does not qualify fo	r the exe	emption stated in	Section 119.07	7(3)(i), Florida Statutes	. I further cert	tily that the i	nformation
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.									
8/23/11									
SIGNAT	FURE:	F SIGNING MANAGING MEMBER, MA	NAGER, OF	AUTHORIZED REFRI	ESENTATIVE	Date Date	<u></u>	ayirne Phone #	