2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000048128

1. Entity Name
ONKOR SUITES, LLC

Not Right

Right Mailing Address
14977 1st St. E. Upp
Madeira Beach, FL 33708

Principal Place of Business	Mailing Address
306 129TH AVE. MADEIRA BEACH, FL 33708	306 129TH AVE. MADEIRA BEACH, FL 33708

05102005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0457975

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MUTLU, KORHAN A
STREET ADDRESS	14977 FIRST STREET EAST, APARTMENT UPPER
CITY-ST-ZIP	MADEIRA BEACH, FL 33708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 2005

000061304700
11/10/05--01003--002 **55.00
000061304700
11/10/05--01003--001 **100.00

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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: _____ 9/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #