

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000051706

Entity Name: J.B. HOSPITALITY, L.L.C.

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

26508 U.S. HIGHWAY 19 NORTH  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

26508 U.S. HIGHWAY 19 NORTH  
CLEARWATER, FL 33761

**New Mailing Address:**

FEI Number: 20-1450335

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATEL, PRAVIN  
26508 U.S. HIGHWAY 19 NORTH  
CLEARWATER, FL 33761 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  
Name: PATEL, PRAVIN  
Address: 26508 U.S. HIGHWAY 19 NORTH  
City-St-Zip: CLEARWATER, FL 33761

Title: MGMR  
Name: PATEL, CHANDRAKANT M  
Address: 11710 E 186TH ST  
City-St-Zip: ARTESIA, CA 90701 US

Title: MGMR  
Name: SHAH, JAYKUMAR  
Address: 536 N.ALTA VISTA  
City-St-Zip: MONROVIA, CA 91016 US

Title: MGMR  
Name: MORARI, BHARAT M  
Address: 11710 E 186TH ST  
City-St-Zip: ARTESIA, CA 90701 US

Title: MGMR  
Name: SHAH, DILIP  
Address: 1130 VISTA LOMAS LANE  
City-St-Zip: CORONA, CA 91720 US

Title: MGMR  
Name: MORARI, NEELA B  
Address: 11710 E 186TH ST  
City-St-Zip: ARTESIA, CA 90701 US

I hereby 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: P.PATEL

MGMR

04/21/2010

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