

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000085747

1. Entity Name  
NO RESERVATIONS, LLC



Principal Place of Business  
500 N WESTSHORE BLVD  
STE 800  
TAMPA, FL 33609

Mailing Address  
500 N WESTSHORE BLVD  
STE 800  
TAMPA, FL 33609



03282007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
14-1936831

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SAAD, STEWART M  
500 N WESTSHORE BLVD STE 800  
TAMPA, FL 33609

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME MERRILL, SEARING  
STREET ADDRESS 500 N WESTSHORE BLVD STE 800  
CITY-ST-ZIP TAMPA, FL 33609

TITLE MGRM  
NAME SAAD, STEWART M  
STREET ADDRESS 4911 SPRING LAKE DRIVE  
CITY-ST-ZIP TAMPA, FL 33629

TITLE MGRM  
NAME SAAD, STEWART M  
STREET ADDRESS 500 N WESTSHORE BLVD STE 800  
CITY-ST-ZIP TAMPA, FL 33609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000698198  
04/18/07-80071-015 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

MGRM

4/14/07

Date

813-514-1134

Daytime Phone #