

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000035646

1. Entity Name
SOUTH BAY HOSPITALITY, LLC



Principal Place of Business
**265 N. US HIGHWAY 27
SOUTH BAY, FL 33493**

Mailing Address
**265 N. US HIGHWAY 27
SOUTH BAY, FL 33493**



01192008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4641560

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAGAN, DIPAK
9938 SHEPARD PLACE
WELLINGTON, FL 33414**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAGAN, DIPAK 9938 SHEPARD PLACE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATEL, DHARMISTHA 9938 SHEPARD PLACE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATEL, RAKESH 9938 SHEPARD PLACE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATEL, MAFATLAL 9938 SHEPARD PLACE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000815474
02/14/08-80010-021 138.75

**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

Date

Daytime Phone #

1/31/08 561-992-8600