

**2008 LIMITED-LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000079710

1. Entity Name
B. A. HOSPITALITY, LLC



Principal Place of Business
417 WEST SUGARLAND HWY.
CLEWISTON, FL 33440

Mailing Address
417 WEST SUGARLAND HWY.
CLEWISTON, FL 33440



01132008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, ANTONIO R
417 WEST SUGARLAND HWY.
CLEWISTON, FL 33440

**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 resigning)

DATE

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

9. MANAGING MEMBERS/MANAGERS

NAME
MGR
PATEL, BIPINCHANDRA A
STREET ADDRESS
417 WEST SUGARLAND HWY.
CITY-ST-ZIP
CLEWISTON, FL 33440

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

U000000808643
02/07/08-80050-018 138.75

**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.

B.A. Patel.
SIGNATURE: BIPINCHANDRA A. PATEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

1-28-08 863-599-0507

DATE

TELEPHONE (Area Code) Number