## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 27, 2007 8:00 am Secretary of State 03-27-2007 90197 013 \*\*\*\*50.00

813-230-2168

ANNUAL REPORT						Secretary of State				
DOCUMENT # L06000092937					<u> </u>	03-27-2007 9	-			
1. Entity Name MAYURI HOTELS, LLC										
Bringinal Blog	o of Business	Mailing Addross	i	941	_					
Principal Place of Business 906 EAST BRANDON BOULEVARD BRANDON, FL 33511		Mailing Address 906 EAST BRANDON BOULEVARD BRANDON, FL 33511								
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03032007	Chg-LLC	CR2E083	(12/06)		
City & State		City & State		4. FEI Numl	oer 11 - 309	121/2	- <del></del>	plied For		
Zip	Country	Zip Cou		ry	5. Certificate of Status Desired S5.00 Additional Fee Required			litional		
6. Name and Address of Current Registered Agent				<u> </u>	7. Name an	d Address of New Re			<u> </u>	
a. Italia dia manda di dana manda di dana di d				Name			<u> </u>			
	BRANDON BOULEVARD			Street Addres	s (P.O. Box Number is Not Acceptable)					
BRANDON	N, FL 33511									
			City				FL	Zip Code	9	
8. The above the obligat	named entity submits this statement follows of registered agent.	or the purpose of changing its	registere	ed office or regi	stered agent, or b	oth, in the State of Flori	ida. I am fan	niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if anoticeble (NOTE	Registered	t égeal signature rea	uired when reinstating)		DATE			
-:	organization types of printed fluid or registrated agent	and the mappinesses.								
Filing Fee is \$50.00 Due by May 1, 2007						Make check payable to Fiorida Department of State				
9. MANAGING MEMB		RS/MANAGERS 10.				ADDITIONS/CHANGES				
TITLE	MGR	☐ Delete	TITLE					] Change	Addition	
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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 receive or trustee emproyment to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 3 2010/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

STREET ADDRESS

CITY-ST-ZIP