

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000059822

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** NEW MOON HOSPITALITY LLC

**Current Principal Place of Business:**

18129 PALM BREEZE DRIVE  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

18129 PALM BREEZE DRIVE  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 26-0307081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATEL, KALPESH  
18129 PALM BREEZE DRIVE  
TAMPA, FL 33647 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, KALPESH  
**Address:** 18129 PALM BREEZE DRIVE  
**City-St-Zip:** TAMPA, FL 33647

**Title:** MGRM  
**Name:** PATEL, PANKAJ  
**Address:** 18129 PALM BREEZE DRIVE  
**City-St-Zip:** TAMPA, FL 33647

**Title:** MGRM  
**Name:** ALI, PARVEZ  
**Address:** 18103 KARA CT.  
**City-St-Zip:** TAMPA, FL 33647

**Title:** MGRM  
**Name:** ARFIN, SULTAN-UL  
**Address:** 18213 SANDY POINT DR.  
**City-St-Zip:** TAMPA, FL 33647

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:** SULTAN-UL ARFIN

MGRM

01/06/2011

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