

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000064586

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** RELIANT HOSPITALITY MANAGEMENT, LLC

**Current Principal Place of Business:**

1300 PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

8277 WESTERN WAY CR.  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

1300 PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

8277 WESTERN WAY CR.  
JACKSONVILLE, FL 32256

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

PATEL, BHAVINI  
1300 PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084 US

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

PATEL, BHAVINI  
8277 WESTERN WAY CR.  
JACKSONVILLE, FL 32256 US

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: BHAVINI PATEL

02/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PATEL, AMEET  
Address: 8277 WESTERN WAY CR.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR  
Name: KUVIRJI, JITAN  
Address: 8277 WESTERN WAY CR.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR  
Name: PATEL, BHAVINI  
Address: 8277 WESTERN WAY CR.  
City-St-Zip: JACKSONVILLE, FL 32256

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: BHAVINI PATEL

MGR

02/17/2010

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