

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000104091

Entity Name: FAITH HOSPITALITIES LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2866 COUNTRY CLUB BLVD  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

10408 BIG TREE CIRCLE WEST  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

2866 COUNTRY CLUB BLVD  
ORANGE PARK, FL 32073

**New Mailing Address:**

10408 BIG TREE CIRCLE WEST  
JACKSONVILLE, FL 32257

FEI Number: 27-3626653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAROT, SUVAS  
2866 COUNTRY CLUB BLVD  
ORANGE PARK, FL 32073 US

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

BAROT, SUVAS H MR  
10408 BIG TREE CIRCLE WEST  
JACKSONVILLE, FL 32257 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: SUVAS BAROT

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BAROT, SUVAS H  
Address: 10408 BIGTREE CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: MM  
Name: FAITH HOSPITALITIES PRIVATE LIMITED  
Address: IT TOWER 4, NEAR INDRODA CIRCLE, AIRPORT ROA  
City-St-Zip: GANDHINGAR, GU 382009 IN

Title: MM  
Name: BAROT, KHUSHBOO J  
Address: 6468 GARDEN COURT  
City-St-Zip: WEST PALM BEACH, FL 33411 US

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: SUVAS BAROT

MGR

04/29/2011

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