


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company MILTON HOSPITALITY, L.C. 545 DURHAM RIDGE DRIVE LILBURN GA 30247		DOCUMENT # L97000001051	
2. Principal Place of Business 8510 KESHAV TAYLOR DR Suite, Apt. #, etc.		2a. Mailing Address 8510 KESHAV TAYLOR DR Suite, Apt. #, etc.	
City & State MILTON FL		City & State MILTON FL	
Zip 32583	Country SANTA RITA	Zip 32583	Country SANTA RITA
3. Date Organized or Qualified 09/22/1997		3a. State of Formation FL	
4. FEI Number 58-2347793		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 03/04/1998		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA STREET, SUITE 1 TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent/Office Name SANJAY MAJUMDAR Street Address (P.O. Box Number is Not Acceptable) 8510 KESHAV TAYLOR ROAD DRIVE Suite, Apt. #, etc. City MILTON Zip Code FL 32583	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <u><i>Sanjay Majumdar</i></u> DATE <u>4/21/99</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	DARJI, PRAKASH	1322 HIGHWAY 72-E	ATHENS AL
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: <u><i>Prakash Darji</i></u> DATE <u>4/21/99</u> 256.232-7500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

~~545 DURHAM RIDGE DRIVE~~
~~LILBURN GA 30247~~
8510 KESHAV TAYLOR ROAD
MILTON FL 32583

3. Date Organized or Qualified

09/22/1997

3a. State of Formation

FL

4. FEI Number

58-2347793

☐ Applied For

☐ Not Applicable

5. Date of Last Report

03/04/1998

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32301**

8. Name and Address of New Registered Agent/Office

Name
SANJAY MAJUMDAR
Street Address (P.O. Box Number is Not Acceptable)
8510 KESHAV TAYLOR ROAD DRIVE
Suite, Apt. #, etc.
City
MILTON Zip Code
FL 32583

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE *Sanjay Majumdar* DATE 4/21/99
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title Managing Members/Managers Business Street Address City, State and Zip Code

MGR DARJI, PRAKASH

1322 HIGHWAY 72-E

ATHENS AL

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****188.75 ****188.75

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5-4-99

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SIGNATURE: *Prakash Darji* DATE 4/21/99 256.232-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #