

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2002 8:00 am
Secretary of State

08-28-2002 90035 039 ****55.00

DOCUMENT # L97000001051

1. Entity Name

MILTON HOSPITALITY, L.C.

Principal Place of Business

8510 KESHAY TAYLOR DR
MILTON FL 32583-8394

Mailing Address

8510 KESHAY TAYLOR DR
MILTON FL 32583-8394

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

8510 KESHAY TAYLOR DR

Suite, Apt. #, etc.

8510 KESHAY TAYLOR DR.

City & State

MILTON FL

City & State

MILTON FL

Zip

32583

Country

U.S.A.

Zip

32583

Country

U.S.A.

4. FEI Number

58-2347793

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DARJI, PRAKASH

8510 KESHAY TAYLOR DR
MILTON FL 32583

Name

DARJI, PRAKASH

Street Address (P.O. Box Number is Not Acceptable)

8510 KESHAY TAYLOR DR.

City

MILTON

FL

Zip Code

32583

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9.

MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
DARJI, PRAKASH
8510 KESHAY TAYLOR DR
MILTON FL 32583

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CR2E083 (4/02)

11. I 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 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.

SIGNATURE:

SIGNATURE REQUIRED

PRAKASH DARJI 7-15-02 850-626-9060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #