

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90028 010 *****55.00

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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

USA

Zip

32583

Country

USA

4. FEI Number

58-2347793

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DARJI, PRAKASH
8510 KESHAY TAYLOR DR
MILTON FL 32583**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Prakash Darji*

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

Date

Daytime Phone #

CR2E083 (10/02)