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Secretary of State

04-25-2003 90759 044 ****50.00

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LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001037

1. Entity Name

GAYATRI DEVI, L.L.C.

44001514

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3072 W. US HWY 90	Quality Inn & Suites
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3072 W. US HWY 90
City & State: LAKECITY FL	City & State: Lakecity FL
Zip: 32055 Country: Columbia	Zip: 32055 Country: Columbia

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3568328 — Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Gayatri Devi LLC. Pravin V. Mehta Quality Inn & Suites

Street Address (P.O. Box Number is Not Acceptable): 3072 W. U.S. HWY 90

City: LAKECITY FL Zip Code: 32055

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 _____ DATE

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Managing Member MGRM
NAME	PRAVIN MEHTA
STREET ADDRESS	3072 W. U.S. HWY 90
CITY-ST-ZIP	LAKECITY FL 32055
TITLE	Managing Member MGRM
NAME	DEVIYANI MEHTA
STREET ADDRESS	3072 W. U.S. HWY 90
CITY-ST-ZIP	LAKECITY FL 32055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E083B (12/02)

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: Pravin V Mehta Deviyani Mehta 4-21-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #