

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002175

1. Entity Name
EMBASSY INVESTMENT, III, LLC



Principal Place of Business
3401 S. ORLANDO AVENUE
SANFORD, FL 32771

Mailing Address
444 SEABREEZE BLVD., SUITE 200
DAYTONA BEACH, FL 32118



01302004 No Chg - LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3575841

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BHoola, MANOJ
444 SEABREEZE BLVD., STE 200
DAYTONA BEACH, FL 32118

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000052850
02/16/04-80105-018 100.00

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------|--------------------------------|
| TITLE | MGRM |
| NAME | BHoola, MOHAN J |
| STREET ADDRESS | 444 SEABREEZE BLVD., SUITE 200 |
| CITY - ST - ZIP | DAYTONE BEACH, FL 32118 |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 606, Florida Statutes

SIGNATURE: _____

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

Date

Daytime Phone #

2/16/04 388-255-2577