

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 04, 2002 8:00 am**  
**Secretary of State**

07-04-2002 90562 015 \*\*\*\*50.00

**DOCUMENT # M99000002100**

1. Entity Name

**ORDEVCO HOTEL, LLC**

**DO NOT WRITE IN THIS SPACE**

**B0127032**

2. Principal Place of Business

**2900 PARKWAY BLVD**

Suite, Apt. #, etc.

3. Mailing Address

**215 NORTH EOLA DRIVE**

Suite, Apt. #, etc.

City & State

**KISSIMMEE, FLORIDA**

City & State

**ORLANDO, FLORIDA**

Zip

**34747**

Country

**USA**

Zip

**32801**

Country

**USA**

4. FEI Number

**742937413**

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

**MICHAEL A. RYAN**

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

**215 NORTH EOLA DRIVE**

City

**ORLANDO**

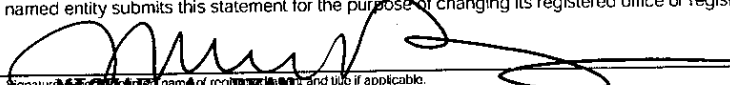
**FL**

Zip Code

**32801**

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.

SIGNATURE

  
Signature of registered agent and title if applicable.

**MICHAEL A. RYAN**

**6/18/02**

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGR	SRIKATHAN, KETHESPARAN	2900 PARKWAY BLVD	KISSIMMEE, FLORIDA 34747
MGR	KINDL, SIEGBERT	2900 PARKWAY BLVD	KISSIMMEE, FLORIDA 34747

**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)(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: BY:

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

  
**SIEGBERT KINDL, MANAGER**

**6/18/02**

Date

Daytime Phone #

CR2E083B (12/01)