

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000010201

**Entity Name:** ORMOND INNKEEPERS LLC

**Current Principal Place of Business:**

599 SOUTH ATLANTIC AVE  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

599 SOUTH ATLANTIC AVE  
ORMOND BEACH, FL 32176 US

**FEI Number:** 27-4641719

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JARIWALA, NEIL O  
599 SOUTH ATLANTIC AVE  
ORMOND BEACH, FL 32176 US

*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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name JARIWALA, NEIL O  
Address 599 SOUTH ATLANTIC AVE  
City-State-Zip: ORMOND BEACH FL 32176

Title MGRM  
Name JARIWALA, CHAULA O  
Address 599 SOUTH ATLANTIC AVE  
City-State-Zip: ORMOND BEACH FL 32176

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NEIL JARIWALA

MGRM

04/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date