

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000105618

Entity Name: 127 MIRACLE STRIP, LLC.

Current Principal Place of Business:

127 MIRACLE STRIP PARKWAY SW
FORT WALTON BEACH, FL 32548

Current Mailing Address:

C/O HOLIDAY INN EXPRESS
127 MIRACLE STRIP PARKWAY SW
FT WALTON BEACH, FL 32548 US

FEI Number: 47-1310668

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, DIPAK
127 MIRACLE STRIP PARKWAY SW
FORT WALTON BEACH, FL 32548 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: DIPAK PATEL

03/03/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name PATEL, AMIR
Address 1214 US HWY 98 E
City-State-Zip: FT WALTON BEACH FL 32548

Title AMBR
Name PATEL, SAMIR
Address 2726 N MONROE ST
City-State-Zip: TALLAHASSEE FL 32303

Title AMBR
Name PATEL, JAYESH
Address 3152 ABBEY LN
City-State-Zip: FOLEY AL 36535

Title AMBR
Name PATEL, KANU
Address 1 MIRACLE STRIP PKWY SE
City-State-Zip: FT WALTON BEACH FL 32548

Title AMBR
Name SHAH, MANISH
Address 698 N FERDON BLVD
City-State-Zip: CRESTVIEW FL 32536

Title MBR
Name PATEL, HEENA
Address 127 MIRACLE STRIP PKWY SW
City-State-Zip: FT WALTON BEACH FL 32548

Title AMBR
Name PATEL, DEE
Address C/O HOLIDAY INN EXPRESS
127 MIRACLE STRIP PARKWAY SW
City-State-Zip: FT WALTON BEACH FL 32548

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: DEE PATEL

AMBR

03/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date