

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000105618

**Entity Name:** 127 MIRACLE STRIP, LLC.

**Current Principal Place of Business:**

C/O HOLIDAY INN EXPRESS  
127 MIRACLE STRIP PARKWAY SW  
FT 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  
FT 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

04/10/2018

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

*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:** SAMIR PATEL

MANAGING MEMBER

04/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date