

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000160705

Entity Name: DAVENPORT SUITES LLC**Current Principal Place of Business:**211 LEMONLEAF LN
OVIEDO, FL 32765**Current Mailing Address:**211 LEMONLEAF LN
OVIEDO, FL 32765 US**FEI Number:** 92-3621445**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHN, DOMINIC
2300 SE 17TH ST
200
OCALA, FL 34471 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 MGR
Name PATEL, AKSHAY
Address 211 LEMONLEAF LN
City-State-Zip: OVIEDO FL 32765

Title AP
Name PATEL, PALAKBEN
Address 1549 MYRTLE OAKS TRAIL
City-State-Zip: OVIEDO FL 32765

Title AP
Name PATEL, DILIPKUMAR B
Address 3761 KINDERLOU FRST
City-State-Zip: VALDOSTA GA 31601

Title AP
Name PATEL, JAYANTIBHAI K
Address 211 LEAMONLEAF LN
City-State-Zip: OVIEDO FL 32765

Title MGR
Name PATEL, RITESHKUMAR A
Address 1549 MYRTLE OAKS TRL
City-State-Zip: OVIEDO FL 32765

Title AP
Name PATEL, SHAILESHKUMAR N
Address 1229 SUSAN WAY
City-State-Zip: VIDALIA GA 30474

Title AMBR
Name PATEL, JAIMINI D
Address 211 LEMONLEAF LN.
City-State-Zip: OVIEDO FL 32765

Title AMBR
Name PATEL, CHANDRIKA J
Address 211 LEMONLEAF LN.
City-State-Zip: OVIEDO FL 32765

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: AKSHAY PATEL

MGR

04/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date