

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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, SHAILESHKUMAR N  
Address SUSAN WAY  
City-State-Zip: VIDALIA GA 30474

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

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*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

09/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

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