LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034505

1. Entity Name

SIGNATURE:

ABBOTT RESORTS, LLC



FILED

03 APR 28 AM 8: 29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Daytime Phone #

DO NOT WRITE IN THIS SPACE

	lage of Business	3. Mailing Address						as ent	
	ak Court Drive		530 Oak Court Drive					MJH	
Suite, Apt. Ste 36		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Number Applied For			
Memphi		1 '	Memphis, TN			65–117600 Not Applicable			
Zip	Country	Zip			5. Certificate of Status Desired \$5.00 Additional				
38117	38117 USA USA		38117 USA		Fee Required				
						ddress of Current Regis	tered Agent		
	DO NOT	VOITE		Name CT Corporation System					
	DO.NOT_V	VKIIE.		Street Address ((P.O. Box Number is Not Acceptable)				
IN THIS SPACE				1200 South Pine Island Road					
			City Plantation FL 715 Code 33324				Code 334		
R The above	named entity submits this statement	for the purpose of changing its	rogistere						
	ions of registered agent.	nor, the purpose of changing its	s registere	d office of register	ed agent, or bot	n, in the state of riolida. I	ani ianima w	itti, and accept	
SIGNATURE _	Signature, typed or printed name of registered ag-	ent and title if applicable.					ATE		
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			DUE BY						
9.	MANAGING MEM	BERS/MANAGERS	The state of the s						
TITLE	MGR		TITLE	Total Transfer					
NAME	Olin, James S.		NAME						
STREET ADDRESS	530 Oak Ct Drive,	Ste 360	STREE	T ADDRESS			terior e		
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indicated of	ertify that the information supplied wo on this report is true and accurate ar bility company or the receiver or trus	nd that my signafule shall have.	r the exem	legal effect as if m	rade under oath:	that I am a managing me	r certify that t ember or man	he information nager of the	

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE