

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008655

Entity Name: ASSOCIATED LUXURY HOTELS INTERNATIONAL HOLDINGS, LLC**FILED**
Apr 05, 2024
Secretary of State
3147744597CC**Current Principal Place of Business:**1 BEACON STREET, 14TH FLOOR
BOSTON, MA 02108**Current Mailing Address:**1 BEACON STREET, 14TH FLOOR
BOSTON, MA 02108 US**FEI Number: 45-0505216****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MANAGER

Name BAUMAN, DANIEL

Address 6201 N. 24TH PARKWAY

City-State-Zip: PHOENIX AZ 85016

Title MANAGER

Name DIEKEMPER, GREG

Address 6201 N. 24TH PARKWAY

City-State-Zip: PHOENIX AZ 85016

Title MANAGER

Name DYER, WILLIAM

Address 6201 N. 24TH PARKWAY

City-State-Zip: PHOENIX AZ 85016

Title MANAGER

Name GABRI, DAVID G.

Address 1 BEACON STREET, 14TH FLOOR

City-State-Zip: BOSTON MA 02108

Title MANAGER

Name LEIMAN, JONATHAN

Address 6201 N. 24TH PARKWAY

City-State-Zip: PHOENIX AZ 85016

Title MANAGER

Name OLSEN, ANDREW

Address 6201 N. 24TH PARKWAY

City-State-Zip: PHOENIX AZ 85016

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: GABRI , DAVID G**MANAGER****04/05/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date