

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000014482

**Entity Name:** SUMMERPLACE HOTEL ASSOCIATES, LLC

**Current Principal Place of Business:**

1480 ROYAL PALM BEACH BLVD STE A  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

1480 ROYAL PALM BEACH BLVD STE A  
ROYAL PALM BEACH, FL 33411

**FEI Number:** 20-4553185

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           | MGRM                                       | Title           | PRES                                 |
| Name            | WB ASSOCIATES, LLC                         | Name            | RONALD, FRANKLIN                     |
| Address         | 2301 MAITLAND CENTER PARKWAY,<br>SUITE 250 | Address         | 1480 ROYAL PALM BEACH BLVD<br>STE. A |
| City-State-Zip: | MAITLAND FL 32751                          | City-State-Zip: | ROYAL PALM BEACH FL 33411            |

*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:** RONALD FRANKLIN

**PRESIDENT**

**02/12/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date