			Certificate of Status Desired. No		
Name and Address of Current Registered Agent:					
ZACCARI, JOHN J 5197 SOUTH SUNNYDALE CIRCLE SARASOTA,, FL 34233 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	Title	COO		
Name	ZACCARI, JOHN J	Name	ZACCARI, SANDRA L		
Address	5197 SOUTH SUNNYDALE CIRCLE	Address	5197 SOUTH SUNNYDALE CIRCLE		
City-State-Zip	: SARASOTA FL 34233	City-State-Zip:	SARASOTA FL 34233		
Title	MGRM				
Name	SVECAK, STEPHEN A				
Address	5197 SOUTH SUNNYDALE CIRCLE				
City-State-Zip	: SARASOTA FL 34233				

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L09000097049

## Entity Name: A2Z HOSPITALITY MANAGEMENT MEMBERS LLC

# **Current Principal Place of Business:**

**5197 SOUTH SUNNYDALE CIRCLE** SARASOTA, FL 34233

## **Current Mailing Address:**

**5197 SOUTH SUNNYDALE CIRCLE** SARASOTA, FL 34233

# FEI Number: 26-4609425

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: JOHN J ZACCARI

CEO

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 01, 2016 **Secretary of State** CC4054416571

Certificate of Status Desired: No