

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000013145

Entity Name: SEVEN NIGHTS MIAMI LLC

Current Principal Place of Business:

5785 ALTON RD
MIAMI BEACH, FL 33140

Current Mailing Address:

5785 ALTON RD
MIAMI BEACH, FL 33140

FEI Number: 27-1799603

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELAMBRE, XAVIER
5785 ALTON RD
MIAMI BEACH, FL 33140 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
Name DELAMBRE, XAVIER
Address 5785 ALTON RD
City-State-Zip: MIAMI BEACH FL 33140

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: XAVIER DELAMBRE

MNG

04/28/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date