

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000108022

Entity Name: HOSPITALITA HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

703 WATERFORD WAY
SUITE 550
MIAMI, FL 33126

Current Mailing Address:

703 WATERFORD WAY
SUITE 550
MIAMI, FL 33126 US

FEI Number: 27-3712221

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MADONNA CUDDIHY

04/12/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	BUSINESS PLANNING DIRECTOR
Name	BLASI, MAGIN	Name	MARTINEZ, REINALDO
Address	703 WATERFORD WAY SUITE 550	Address	703 WATERFORD WAY SUITE 550
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

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: REINALDO MARTINEZ

**BUSINESS PLANNING
DIRECTOR**

04/12/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date