

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000100738

Entity Name: FCC HOTEL TOWER, LLC**Current Principal Place of Business:**8156 FIDDLER'S CREEK PARKWAY
NAPLES, FL 34114**Current Mailing Address:**8156 FIDDLER'S CREEK PARKWAY
NAPLES, FL 34114 US**FEI Number:** 34-2024547**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	PRESIDENT, MANAGER
Name	FERRAO, AUBREY J.
Address	8156 FIDDLER'S CREEK PARKWAY
City-State-Zip:	NAPLES FL 34114

Title	SECRETARY
Name	FERRAO, TINA
Address	8156 FIDDLER'S CREEK PARKWAY
City-State-Zip:	NAPLES FL 34114

Title	TREASURER
Name	DINARDO, ANTHONY
Address	8156 FIDDLER'S CREEK PARKWAY
City-State-Zip:	NAPLES FL 34114

Title	VP
Name	FERRAO, EVA
Address	8156 FIDDLER'S CREEK PARKWAY
City-State-Zip:	NAPLES FL 34114

Title	VP
Name	FERRAO, DANIEL
Address	8156 FIDDLER'S CREEK PARKWAY
City-State-Zip:	NAPLES FL 34114

Title	VP
Name	FERRAO, MARISSA
Address	8156 FIDDLER'S CREEK PARKWAY
City-State-Zip:	NAPLES FL 34114

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: AUBREY J. FERRAO**MANAGER****01/25/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date