

2021 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 VP
Name PARISI, JOSEPH L
Address 8156 FIDDLER'S CREEK PKWY
City-State-Zip: NAPLES FL 34114

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

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

Title SECRETARY
Name O'NEILL, MICHAEL T
Address 8156 FIDDLER'S CREEK PARKWAY
City-State-Zip: NAPLES FL 34114

Title DIRECTOR
Name WOODWARD, MARK
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: MICHAEL T. O'NEILL**SECRETARY****04/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date