

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000122149

**Entity Name:** GDC ORLANDO HOTEL OWNER, LLC

**Current Principal Place of Business:**

C/O GDC PROPERTIES, LLC  
245 SAW MILL RIVER ROAD  
HAWTHORNE, NY 10532

**Current Mailing Address:**

C/O GDC PROPERTIES, LLC  
245 SAW MILL RIVER ROAD  
HAWTHORNE, NY 10532 US

**FEI Number:** 45-3807416

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GDC PROPERTIES, LLC  
899 N. ORANGE AVENUE  
C/O GDC PROPERTIES, LLC ATTN: DIRECTOR OF PROPERTY MANAGEMENT  
ORLANDO, FL 32801 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	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	GINSBURG, SAMUEL	Name	INGRAHAM, WILLIAM
Address	C/O GDC PROPERTIES, LLC 245 SAW MILL RIVER RD	Address	C/O GDC PROPERTIES, LLC 245 SAW MILL RIVER ROAD
City-State-Zip:	HAWTHORNE NY 10532	City-State-Zip:	HAWTHORNE NY 10532
Title	AUTHORIZED REPRESENTATIVE		
Name	GINSBURG, ADAM		
Address	C/O GDC PROPERTIES, LLC 245 SAW MILL RIVER ROAD		
City-State-Zip:	HAWTHORNE NY 10532		

*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:** SAMUEL GINSBURG

**MANAGER**

**01/11/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date