that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM FULLER

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

MANAGER

04/04/2018

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :				
Title	MANAGER	Title	MANAGER	
Name	FULLER, WILLIAM O	Name	PINILLA, MARTIN A II	
Address	1637 SW 8TH STREET 200	Address	1637 SW 8TH STREET 200	
City-State-Zip:	MIAMI FL 33135	City-State-Zip:	MIAMI FL 33135	

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:

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FULLER, WILLIAM O 1637 SW 8TH STREET 200 MIAMI, FL 33135 US

Entity Name: TOWER HOTEL LLC

DOCUMENT# L12000063748

Current Principal Place of Business:

1637 SW 8TH STREET

200 MIAMI, FL 33135

Current Mailing Address:

1637 SW 8TH STREET 200 MIAMI, FL 33135 US

FEI Number: 45-5286054

Certificate of Status Desired: No

FILED Apr 04, 2018 Secretary of State CC4424828193

Date