

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000001352

**Entity Name:** HILTON HOSPITALITY, LLC**Current Principal Place of Business:**EXECUTIVE OFFICES, 1ST FLOOR  
11127 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32407**Current Mailing Address:**P.O. BOX 18049  
PANAMA CITY BEACH, FL 32417**FEI Number:** 46-1795627**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILTON, JULIE K  
EXECUTIVE OFFICES, 1ST FLOOR  
11127 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32407 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	CHAIRMAN
Name	HILTON, CHARLES
Address	EXECUTIVE OFFICES, 1ST FLOOR 11127 FRONT BEACH ROAD
City-State-Zip:	PANAMA CITY BEACH FL 32407

Title	PRESIDENT
Name	HILTON, LELA G
Address	EXECUTIVE OFFICES, 1ST FLOOR 11127 FRONT BEACH ROAD
City-State-Zip:	PANAMA CITY BEACH FL 32407

Title	VP/SEC/TR
Name	HILTON, JULIE
Address	EXECUTIVE OFFICES, 1ST FLOOR 11127 FRONT BEACH ROAD
City-State-Zip:	PANAMA CITY BEACH FL 32407

Title	VP
Name	KHAN, CODY
Address	EXECUTIVE OFFICES, 1ST FLOOR 11127 FRONT BEACH ROAD
City-State-Zip:	PANAMA CITY BEACH FL 32407

Title	ASST SEC
Name	HUMBLE, NICK
Address	EXECUTIVE OFFICES, 1ST FLOOR 11127 FRONT BEACH ROAD
City-State-Zip:	PANAMA CITY BEACH FL 32407

*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:** NICK HUMBLE

ASST SEC

04/13/2015

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