

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000065229

**FILED  
Mar 11, 2015  
Secretary of State  
CC9200293360**

**Entity Name:** EXCELSIOR HOSPITALITY ENTERPRISES LLC

**Current Principal Place of Business:**

210 VETERANS RD  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

210 VETERANS RD  
SANTA ROSA BEACH, FL 32459 US

**FEI Number: 80-0920057**

**Certificate of Status Desired: No**

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

COLE, TIMOTHY W  
210 VETERANS RD  
SANTA ROSA BEACH, FL 32459 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 MGRM  
Name EXCELSIOR RESTAURANT HOLDINGS  
INC  
Address 210 VETERANS RD  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title MGRM  
Name HOWARD, JOHN J III  
Address 8165 VILLA DR  
City-State-Zip: ORLANDO FL 32836

Title MGRM  
Name AMADOR, STEPHEN B JR  
Address 163 PINEFIELD DR  
City-State-Zip: SANFORD FL 32771

*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: TIMOTHY W. COLE**

**PRESIDENT**

**03/11/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date