

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000172105

**Entity Name:** TRUST HOSPITALITY PRESS, LLC

**Current Principal Place of Business:**

806 SOUTH DOUGLAS ROAD  
4TH FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

806 SOUTH DOUGLAS ROAD  
4TH FLOOR  
CORAL GABLES, FL 33134 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

REGISTER, JOHN M  
806 SOUTH DOUGLAS ROAD  
4TH FLOOR  
CORAL GABLES, FL 33134 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 REGISTER, JOHN M  
Address 806 SOUTH DOUGLAS ROAD, 4TH  
FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name MILLARD, RICHARD P  
Address 806 SOUTH DOUGLAS ROAD, 4TH  
FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name GODDARD, PATRICK  
Address 806 SOUTH DOUGLAS ROAD, 4TH  
FLOOR  
City-State-Zip: CORAL GABLES FL 33134

*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:** /S/ JOHN M REGISTER

MGR

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date