

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000098240

**FILED**  
**Apr 01, 2016**  
**Secretary of State**  
**CC6179911890**

**Entity Name:** CARMICHAEL HOSPITALITY PARTNERS, LLC

**Current Principal Place of Business:**

C/O PANTHER MANAGEMENT SERVICES, LLC  
333 S MIAMI AVE STE 150  
MIAMI, FL 33130

**Current Mailing Address:**

C/O PANTHER MANAGEMENT SERVICES, LLC  
333 S MIAMI AVE STE 150  
MIAMI, FL 33130

**FEI Number:** 61-1769690

**Certificate of Status Desired:** No

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

PANTHER MANAGEMENT SERVICES, LLC  
333 SOUTH MIAMI AVE STE 150  
MIAMI, FL 33130 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	AMBR	Title	AMBR
Name	PCM-CHP, LLC	Name	AVENUE HOSPITALITY ASSOCIATES, LLC
Address	333 S MIAMI AVE STE 150	Address	16701 COLLINS AVE
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	SUNNY ISLES BEACH FL 33160

*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:** JEFF KRINSKY

**AUTHORIZED SIGNATOR** 04/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date