

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000144880

Entity Name: CAYUGA HOSPITALITY CONSULTANTS, LLC**Current Principal Place of Business:**505 S. ORANGE AVE.
#1501
SARASOTA, FL 34236**Current Mailing Address:**505 S. ORANGE AVE.
#1501
SARASOTA, FL 34236 US**FEI Number:** 47-1910705**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOULTON, KATHERINE
505 S. ORANGE AVE.
#1501
SARASOTA, FL 34236 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:** KATHERINE MOULTON

03/30/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|------------------------------|
| Title | AR |
| Name | KELLEY, CHARLES |
| Address | 2537 POINCIANA DRIVE |
| City-State-Zip: | WESTON FL 33327 |
| Title | AR |
| Name | DARLING, STEPHEN |
| Address | 901-1470 PENNYFARTHING DRIVE |
| City-State-Zip: | VANCOUVER BC V6J 4-Y2 |

| | |
|-----------------|----------------------------|
| Title | AR |
| Name | CARNCROSS, GORDON |
| Address | 16-2287 ARGUE STREET |
| City-State-Zip: | PORT COQUITLAM BC V3C 6-R2 |
| Title | AR |
| Name | MOORE, STACY |
| Address | 837 STATE STREET |
| City-State-Zip: | PORTSMOUTH NH 03801 |

| | |
|-----------------|-----------------------------|
| Title | AMBR |
| Name | MOULTON, KATHERINE |
| Address | 505 S. ORANGE AVE. #1501 |
| City-State-Zip: | SARASOTA FL 34236 |

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: KATHERINE MOULTON**EXECUTIVE DIRECTOR**

03/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date