

2020 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

04/11/2020

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

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	AUTHORIZED MEMBER
Name	SMITH, STEPHANIE
Address	1700 7TH AVE. SUITE 116
City-State-Zip:	SEATTLE WA 98101

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**MANAGING DIRECTOR**

04/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date