

2016 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**Title AR
Name SCANLON, WILLIAM
Address 1025 CORNELL AVE.
City-State-Zip: DREXEL HILL PA 19026Title AR
Name KELLEY, CHARLES
Address 2537 POINCIANA DRIVE
City-State-Zip: WESTON FL 33327Title AR
Name CARNCROSS, GORDON
Address 16-2287 ARGUE STREET
City-State-Zip: PORT COQUITLAM BC V3C 6-R2Title AR
Name DARLING, STEPHEN
Address 901-1470 PENNYFARTHING DRIVE
City-State-Zip: VANCOUVER BC V6J 4-Y2Title AR
Name MOORE, STACY
Address 837 STATE STREET
City-State-Zip: PORTSMOUTH NH 03801Title AR
Name MOGELONSKY, LARRY
Address 2300 YONGE STREET, SUITE 1000
City-State-Zip: TORONTO ON M4P 1-E4Title 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

AMBR

04/05/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date