

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000261194

**FILED**  
**Apr 08, 2019**  
**Secretary of State**  
**0235866664CC**

**Entity Name:** TAVISTOCK HOTEL COLLECTION, LLC

**Current Principal Place of Business:**

6900 TAVISTOCK LAKES BLVD STE 200  
ORLANDO, FL 32827

**Current Mailing Address:**

6900 TAVISTOCK LAKES BLVD STE 200  
ORLANDO, FL 32827

**FEI Number:** 37-1876985

**Certificate of Status Desired:** No

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

NATIONAL REGISTERED AGENTS, INC.  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** PETER F. SOUZA, ASSISTANT SECRETARY

04/08/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	VP	Title	VP
Name	BEUCHER, NICHOLAS F III	Name	PAPPAS, MICHAEL C
Address	6900 TAVISTOCK LAKES BLVD STE 200	Address	6900 TAVISTOCK LAKES BLVD STE 200
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827
Title	VP, S	Title	VP
Name	RENCORET, MICHELLE R	Name	THAKKAR, RASESH
Address	6900 TAVISTOCK LAKES BLVD STE 200	Address	6900 TAVISTOCK LAKES BLVD STE 200
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827
Title	P	Title	VP, T
Name	ZBORIL, JAMES L	Name	SMITH, JEFFREY S.
Address	6900 TAVISTOCK LAKES BLVD STE 200	Address	6900 TAVISTOCK LAKES BLVD STE 200
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827

*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:** JAMES L. ZBORIL

**PRESIDENT**

04/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date