

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000000615

**Entity Name:** SSM HOSPITALITY, LLC

**Current Principal Place of Business:**

1026 APALACHEE PARKWAY  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

1026 APALACHEE PARKWAY  
TALLAHASSEE, FL 32301

**FEI Number:** 59-3513496

**Certificate of Status Desired:** No

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

PATEL, SUDHIR  
1026 APALACHEE PARKWAY  
TALLAHASSEE, FL 32301 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 MGRM  
Name PATEL, SUDHIR  
Address 1026 APALACHEE PARKWAY  
City-State-Zip: TALLAHASSEE FL 32301

Title MGRM  
Name MASTER, THAKOR  
Address 251 NORTH OATES STREET  
City-State-Zip: DOTHAN AL 36303

Title MGRM  
Name PATEL, SAILESH  
Address 8950 GREY HAWK POINT  
City-State-Zip: ORLANDO FL 32836

Title MANAGING MEMBER  
Name MASTER, PARESH  
Address 1026 APALACHEE PARKWAY  
City-State-Zip: TALLAHASSEE FL 32301

*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:** PARESH MASTER

**MANAGER**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date