

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 09, 2018
Secretary of State
CC9581343248

Entity Name: RESIDENCE INN BY MARRIOTT, LLC

Current Principal Place of Business:

10400 FERNWOOD ROAD, DEPT. 924.13
BETHESDA, MD 20817

Current Mailing Address:

PO BOX 696582
SAN ANTONIO, TX 78269-6582 US

FEI Number: 52-1519646

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title VP
Name BAUDUIN, BAO GIANG VALERY
Address 10400 FERNWOOD ROAD, DEPT.
924.13
City-State-Zip: BETHESDA MD 20817

Title PRESIDENT
Name GRISSEN, DAVID J
Address 10400 FERNWOOD ROAD, DEPT.
924.13
City-State-Zip: BETHESDA MD 20817

Title AS
Name THORNSBERRY, KEN
Address 1965 HAWKS LANDING
City-State-Zip: LOUISVILLE TN 37777

Title SECRETARY
Name GORDON, BANCROFT S
Address 10400 FERNWOOD ROAD, DEPT.
924.13
City-State-Zip: BETHESDA MD 20817

Title TREASURER
Name HANDLON, CAROLYN B
Address 10400 FERNWOOD ROAD, DEPT.
924.13
City-State-Zip: BETHESDA MD 20817

Title VICE PRESIDENT / ASSISTANT
SECRETARY
Name GREENE, SONIA H
Address 10400 FERNWOOD ROAD, DEPT.
924.13
City-State-Zip: BETHESDA MD 20817

Title VICE PRESIDENT / ASSISTANT
SECRETARY / MGR
Name BRENEMAN, MARGERY A
Address 10400 FERNWOOD ROAD, DEPT.
924.13
City-State-Zip: BETHESDA MD 20817

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: KEN THORNSBERRY

ASSISTANT SECRETARY 03/09/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date