

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000347

**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 699  
LOUISVILLE, TN 37777

**FEI Number:** 52-1519646

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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 MANN, W. DAVID  
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

*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 02/27/2015**

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

\_\_\_\_\_  
Date