

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000007853

Entity Name: CAPITAL RESORTS MANAGEMENT, LLC**Current Principal Place of Business:**2685 ULMERTON RD
SUITE 101
CLEARWATER, FL 33762**Current Mailing Address:**9654 N. KINGS HWY
SUITE 101
MYRTLE BEACH, SC 29572 US**FEI Number:** 46-4102743**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.
7901 4TH STREET NORTH
SUITE 300
ST.PETERSBURG, FL 33702 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	MANAGER
Name	CR MANAGER LLC
Address	9654 N KINGS HWY SUITE 101
City-State-Zip:	MYRTLE BEACH SC 29572

Title	CAO
Name	FEDERICO, MICHAEL
Address	9654 N. KINGS HWY SUITE 101
City-State-Zip:	MYRTLE BEACH SC 29572

Title	CEO
Name	SHROFF, JASON
Address	9654 N. KINGS HWY SUITE 101
City-State-Zip:	MYRTLE BEACH SC 29572

Title	GENERAL COUNSEL
Name	COPE, DAVID
Address	9654 N. KINGS HWY SUITE 101
City-State-Zip:	MYRTLE BEACH SC 29572

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: DAVID COPE

GENERAL COUNSEL

01/14/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date