### 2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000004484

Entity Name: DIAMONDROCK KW SOUTH OWNER, LLC

# **Current Principal Place of Business:**

2 BETHESDA METRO CENTER SUITE 1400 BETHESDA, MD 20814

# **Current Mailing Address:**

2 BETHESDA METRO CENTER SUITE 1400 BETHESDA, MD 20814 US

# FEI Number: NOT APPLICABLE

### Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 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

### Authorized Person(s) Detail :

| Title           | MGRM  | Title           | DIRECTOR (MGR)                        |
|-----------------|---|-----------------|---------------------------------------|
| Name            | DIAMONDROCK HOSPITALITY   | Name            | QUINN, BRIONY R.                      |
| Address         | 2 BETHESDA METRO CENTER   | Address         | 2 BETHESDA METRO CENTER<br>SUITE 1400 |
|                 | SUITE 1400  | City-State-Zip: |                                       |
| City-State-Zip: | BETHESDA MD 20814   | , ,             |                                       |
|                 |   |                 |                                       |
| Title           | DIRECTOR (MGR)  | Title           | DIRECTOR (MGR)                        |
| Title<br>Name   | DIRECTOR (MGR)<br>TENNIS. WILLIAM J.  | Title<br>Name   | DIRECTOR (MGR)<br>JOHNSON, JAY L.     |
|                 | DIRECTOR (MGR)<br>TENNIS, WILLIAM J.<br>2 BETHESDA METRO CENTER<br>SUITE 1400 |                 | (                                     |

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: WILLIAM J. TENNIS

**DIRECTOR (MGR)** 

04/17/2018

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 17, 2018 Secretary of State CC4268160436

Certificate of Status Desired: No