

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000000367

Entity Name: ASSOCIATED LUXURY HOTELS, LLC

Current Principal Place of Business:

1 BEACON STREET, 14TH FLOOR
BOSTON, MA 02108

Current Mailing Address:

1 BEACON STREET, 14TH FLOOR
BOSTON, MA 02108 US

FEI Number: 81-4962547

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 DYER, WILLIAM
Address 6201 N. 24TH PARKWAY
City-State-Zip: PHOENIX AZ 85016

Title MANAGER
Name LEIMAN, JONATHON
Address 6201 N. 24TH PARKWAY
City-State-Zip: PHOENIX AZ 85016

Title MANAGER, VP
Name BAUMAN, DANIEL
Address 6201 N. 24TH PARKWAY
City-State-Zip: PHOENIX AZ 85016

Title MANAGER
Name OLSEN, ANDREW
Address 6201 N. 24TH PARKWAY
City-State-Zip: PHOENIX AZ 85016

Title MANAGER
Name GABRI, DAVID G
Address 1 BEACON STREET, 14TH FLOOR
City-State-Zip: BOSTON MA 02108

Title MANAGER
Name DIEKEMPER, GREG
Address 6201 N. 24TH PARKWAY
City-State-Zip: PHOENIX AZ 85016

Title CFO
Name MERRYWEATHER, HUGH
Address 6201 N. 24TH PARKWAY
City-State-Zip: PHOENIX AZ 85016

Title CFO
Name DOMINQUEZ, MICHAEL
Address 6201 N. 24TH PARKWAY
City-State-Zip: PHOENIX AZ 85016

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: DANIEL BAUMAN

AUTHORIZED PERSON

04/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date