

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000005559

**Entity Name:** CASTLEROCK HOSPITALITY MANAGEMENT LLC

**Current Principal Place of Business:**

401 CHURCH ST., STE 2800  
NASHVILLE, TN 37219

**Current Mailing Address:**

401 CHURCH ST., STE 2800  
NASHVILLE, TN 37219 US

**FEI Number: 81-5421817**

**Certificate of Status Desired: No**

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

COGENCY GLOBAL INC.  
115 N CALHOUN ST  
STE 4  
TALLAHASSEE, FL 32301 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           | AP                       | Title           | AP                       |
| Name            | ROSS, SEAMUS             | Name            | FEE, KEVIN M             |
| Address         | 401 CHURCH ST., STE 2800 | Address         | 401 CHURCH ST., STE 2800 |
| City-State-Zip: | NASHVILLE TN 37219       | City-State-Zip: | NASHVILLE TN 37219       |

*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: SEAMUS ROSS JR**

**PRESIDENT**

**04/20/2020**

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

\_\_\_\_\_  
Date