

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -1 PM 6:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000007047

1. Entity Name
CINCINNATI HOTEL, LLC

Principal Place of Business

2380 VIA DEL REY, SUITE A
BONITA SPRINGS FL 34134

Mailing Address

2380 VIA DEL REY, SUITE A
BONITA SPRINGS FL 34134

2. Principal Place of Business

3780 VIA DEL REY
SUITE A

3. Mailing Address

3780 VIA DEL REY
SUITE A

City & State

BONITA SPRINGS, FL

Zip 34134

Country U.S.

City & State

BONITA SPRINGS, FL

Zip 34134

Country U.S.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEYERS, DAVID A
26056 CLARKSTON DR
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name

MEYERS, DAVID A.

Street Address (P.O. Box Number is Not Acceptable)

3780 VIA DEL REY, SUITE A

City

BONITA SPRINGS, FL

Zip Code

34134

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NO. WHI FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Meyers, David A	
STREET ADDRESS	26056 Clarkston Drive	
CITY-ST-ZIP	Bonita Springs, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

DAVID A MEYERS

49-01

941949.2915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)