

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033765

1. Entity Name
HOTEL SERVICES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 27 AM 8:38

Principal Place of Business
650 63RD WAY SO
ST PETERSBURG, FL 33707 US

Mailing Address
650 63RD WAY SO
ST PETERSBURG, FL 33707 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
16-1634155

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIZZUTO, KAREN M
650 63RD WAY SO
ST PETERSBURG, FL 33707

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

5-27-03
DATE

FILE NOW!!! FEE IS \$60.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KAREN M. PIZZUTO
650 63RD WAY S.
ST PETERSBURG FL 33707

☒ Delete

* MANAGING MEMBER

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
400020292504
05/30/03--01051--003 ***55.00

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ROBERT J. HENNESSEY
650 63RD WAY S.
ST. PETERSBURG, FL 33707

☒ Delete

* MANAGER

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
400020292504
05/30/03--01051--003 ***55.00

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

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

5-27-03

Date

727-
343-7322

Daytime Phone #

CR2E083 (10/02)