## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000016499

Entity Name: HOTELSAB LIDO EMPLOYEES, LLC

**FILED** Oct 28, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

40 ISLAND AVENUE MIAMI BEACH, FL 33139

**Current Mailing Address: New Mailing Address:** 

40 ISLAND AVENUE MIAMI BEACH, FL 33139

FEI Number: 27-0058972 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CT CORPORATION SYSTEM CT CORPORATION 1200 SOUTH PINE ISLAND ROAD 1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324 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: BARBARA BURKE 10/28/2008

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

() Delete BALAZS, ANDRE T CCEO Name:

295 LAFAYETTE STREET, SUITE 708 Address:

City-St-Zip: NEW YORK, NY 10012

Title: MGR () Delete Name: ZOBLER, ANDREW E EVP

Address: 295 LAFAYETTE STREET. SUITE 708

City-St-Zip: NEW YORK, NY 10012

Title: MGR () Delete VANTOUGHIAN, ARMINE Name: 295 LAFAYETTE ST., SUITE 708 Address:

City-St-Zip: NEW YORK, NY 10012

Title: MGR (X) Delete

Name: MCPARTLIN, JIM

295 LAFAYETTE STREET, SUITE 708 Address:

City-St-Zip: NEW YORK, NY 10012

## ADDITIONS/CHANGES:

Title: (X) Change ( ) Addition BALAZS, ANDRE T CCEO Name:

Address: 23 E 4TH STREET 5TH FLOOR NEW YORK, NY 10003

City-St-Zip:

Title: (X) Change ( ) Addition Name: VARTOUGHIAN, ARMINE VP Address: 23 E 4TH STREET. 5TH FLOOR

City-St-Zip: NEW YORK, NY 10003

Title: MGR (X) Change ( ) Addition MCPARTLIN, JIM VP Name:

23 E 4TH STREET, 5TH FLOOR Address:

City-St-Zip: NEW YORK, NY 10003

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ANDRE BALAZS 10/28/2008