

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000032975

FILED  
Sep 19, 2006  
Secretary of State

Entity Name: HOSPITALITY SUITE, LLC

**Current Principal Place of Business:**

480 SUGAR DRIVE  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

480 SUGAR DRIVE  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 20-0198425      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

COFFIELD & ASSOCIATES, P.A.  
1719 SOUTH COUNTY HWY. 393  
SANTA ROSA BEACH, FL 32459      US

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

CHESSER AND BARR, P.A.  
1719 SOUTH COUNTY HWY. 393  
SANTA ROSA BEACH, FL 32459      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: COLLEEN COFFIELD SACHS

09/19/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: LANGILLE, CHRISTOPHER T  
Address: 480 SUGAR DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM      ( ) Delete  
Name: LANGILLE, HOLLEY H  
Address: 480 SUGAR DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: HOLLEY LANGILLE

MGRM

09/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date