

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000053579**

1. Entity Name  
**UNITED HOSPITALITY SOLUTIONS, LLC**



Principal Place of Business  
**618 SE 23RD TERR  
CAPE CORAL, FL 33990**

Mailing Address  
**P.O. BOX 98  
BUFFALO, OH 43722**

**DO NOT WRITE IN THIS SPACE**



04252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-0551138**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROBBINS, MICHAEL H  
SHUMAKER, LOOP & KENDRICK, LLP  
101 EAST KENNEDY BLVD, STE 2800  
TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

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. 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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
YONTZ, CHRISTINE J  
P.O. BOX 98  
BUFFALO, OH 43722**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ORLANDO, MARC V  
P.O. BOX 98  
BUFFALO, OH 43772**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
VARGAS, HUGO  
618 SE 23RD TERRACE  
CAPE CORAL, FL 33990**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
YONTZ, MARICLARIE  
P.O. BOX 98  
BUFFALO, OH 43722**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000930491  
05/21/08-80112-003 143.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Christine Yontz* **Christine Yontz-ORLANDO 4-25-08 746-685-1660**