

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053579

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** UNITED HOSPITALITY SOLUTIONS, LLC

**Current Principal Place of Business:**

618 SE 23RD TERR  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 98  
BUFFALO, OH 43722

**New Mailing Address:**

**FEI Number:** 20-0551138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: YONTZ, CHRISTINE J  
Address: P.O. BOX 98  
City-St-Zip: BUFFALO, OH 43722

Title: MGRM ( ) Delete  
Name: ORLANDO, MARC V  
Address: P.O. BOX 98  
City-St-Zip: BUFFALO, OH 43772

Title: MGRM ( ) Delete  
Name: VARGAS, HUGO  
Address: 618 SE 23RD TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM ( ) Delete  
Name: YONTZ, MARICLARIE  
Address: P.O. BOX 98  
City-St-Zip: BUFFALO, OH 43722

**ADDITIONS/CHANGES:**

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

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

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 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: CHRISTINE J. YONTZ

MGRM

04/13/2009

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