

LO4000018283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

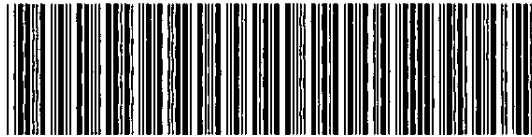
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan MAY 13 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hospitality Property Management, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erick Garnica

(Name of Person)

Hospitality Property Management, LLC

(Firm/Company)

9180 Galleria Court #600

(Address)

Naples, FL 34109

(City/State and Zip Code)

For further information concerning this matter, please call:

Erick Garnica

(Name of Person)

at (239)

449-1800 x243

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2008

ERICK GARNICA
9180 GALLERIA COURT #600
NAPLES, FL 34109

SUBJECT: HOSPITALITY PROPERTY MANAGEMENT, L.L.C.
Ref. Number: L04000018283

We have received your document for HOSPITALITY PROPERTY MANAGEMENT, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 108A00025209

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Hospitality Property Management, LLC

2. The mailing address of the limited liability company is : _____

9180 Galleria Court #600, Naples, FL 34109

02/26/2004

L04000018283

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Stewart, James C Jr

Name

9180 Galleria Court #700

Address

Naples, FL 34109

City, State and Zip

6. The name and address of the new registered agent and/or office:

HL Statutory Agent, Inc.

Name

800 Laurel Oak Drive #600

Florida street address (P.O. Box NOT acceptable)

Naples

FL 34108

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Lee Weeks

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
08 MAY 13 AM 10:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA