

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 19 AM 10:54

DOCUMENT # L05000118365

1. Entity Name
UR PRIORITY HOSPITALITY, LLC



Principal Place of Business
1421 S. OSCEOLA AVE.
ORLANDO, FL 32806 US

Mailing Address
1421 S. OSCEOLA AVE.
ORLANDO, FL 32806 US

2. Principal Place of Business

1365 WINDSONG RD

3. Mailing Address

1365 WINDSONG RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11072006 REIN-LLC CR2E101 (11/05)

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

75-3205174

Applied For

Not Applicable

Zip

32809

Country

U.S.

Zip

32809

Country

U.S.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIACENTINO, JON
1421 S. OSCEOLA AVE.
ORLANDO, FL 32789

7. Name and Address of New Registered Agent

Name
CRAIG URANICK

Street Address (P.O. Box Number is Not Acceptable)
1365 WINDSONG RD

City
ORLANDO

FL

Zip Code

32809

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

Craig Uranick

(NOTE: Registered Agent signature required when reinstating)

12/12/06

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
URANICK, CRAIG T
1421 S. OSCEOLA AVE.
ORLANDO, FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
REARDON, DEAN V
1421 S. OSCEOLA AVE.
ORLANDO, FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200082635742
12/19/06--01025--003 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition
2006

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Craig Uranick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/12/06

Date

Daytime Phone #