

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000075565

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

815 S MAIN ST  
ATTN: LORI EISCHEN  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

815 S MAIN ST  
ATTN: LORI EISCHEN  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

PO BOX 48088  
ATTN: LORI EISCHEN  
JACKSONVILLE, FL 32247 US

**FEI Number:** 42-1711512      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BARNETT, JAMES G  
815 S MAIN ST  
JACKSONVILLE, FL 32207 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: MGR  
Name: SUDDATH, STEPHEN M  
Address: 815 S MAIN ST  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGR  
Name: VAUGHN, BARRY S  
Address: 815 S MAIN ST  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR  
Name: BARNETT, JAMES G  
Address: 815 S MAIN ST  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR  
Name: STRICKLAND, BARBARA S  
Address: 815 S MAIN ST  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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: JAMES G. BARNETT

MGR

03/17/2010

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