

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000017110

FILED
Dec 11, 2009
Secretary of State

Entity Name: SEMINOLE HOSPITALITY GROUP, LLC

Current Principal Place of Business:

6340 NORTH 40 STREET
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

13827 N.W. 22 COURT
SUNRISE, FL 33323 US

New Mailing Address:

6340 NORTH 40 STREET
HOLLYWOOD, FL 33024 US

FEI Number: 20-8522101 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OSCEOLA, JO-LIN D
6340 NORTH 40 STREET
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

OSCEOLA-TRINDER, JO-LIN D
6340 NORTH 40 STREET
HOLLYWOOD, FL 33024 US

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: JO-LIN D. OSCEOLA-TRINDER

12/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OSCEOLA, JO-LIN D
Address: 6340 NORTH 40 STREET
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: MGRM (X) Delete
Name: GAMA, CAROLINE P
Address: 13827 N.W. 22 COURT
City-St-Zip: SUNRISE, FL 33323 US

ADDITIONS/CHANGES:

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: JO-LIN D. OSCEOLA-TRINDER

MGRM

12/11/2009

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