

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051779

Entity Name: SHS HOSPITALITY, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

416 NORTH ADAMS STREET
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

2020 WEST PENSACOLA STREET
SUITE 27
TALLAHASSEE, FL 32304 US

Current Mailing Address:

416 NORTH ADAMS STREET
TALLAHASSEE, FL 32301 US

New Mailing Address:

2020 WEST PENSACOLA STREET
SUITE 27
TALLAHASSEE, FL 32304 US

FEI Number: 26-0173748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONI, STEVEN M
416 NORTH ADAMS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

LEONI, STEVEN M
2020 WEST PENSACOLA STREET
SUITE 27
TALLAHASSEE, FL 32304 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:

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEONI, STEVEN M
Address: 416 NORTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGR (X) Delete
Name: SAULS, JAMES S
Address: 416 NORTH ADAMS
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MGR (X) Delete
Name: ROSEN, PETER S
Address: 416 NORTH ADAMS
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEONI, STEVEN M
Address: 2020 WEST PENSACOLA STREET SUITE 27
City-St-Zip: TALLAHASSEE, FL 32304

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: STEVEN M. LEONI

MGRM

04/27/2009

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