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TALLAHASSEE FLORIDA

MAY 20 2015  
D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CONTRACT HOTEL MANAGEMENT LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREG W. BROOKS, ESQ.

Name of Person

Serling Rooks Hunter McKoy & Worob LLP

Firm/Company

119 5th Avenue, 3rd FL

Address

New York, NY 10003

City/State and Zip Code

greg@serlingrooks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg W. Brooks

212

245-7300

Name of Person

at ( )

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      ☐ \$30 Filing Fee & Certificate of Status      ☒ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (2/14)

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TALLAHASSEE FLORIDA

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: \_\_\_\_\_  
CONTRACT HOTEL MANAGEMENT LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000076698

**THIRD:** Document to be corrected is:  
Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

*In Article IV, the member's first name was inadvertently misspelled.*

The correct spelling of the member's name is "Timothy Desandro."

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

- ☐ The electronic transmission of the record was defective.

\_\_\_\_\_  
Signature of Authorized Representative

5/7/15  
Date

**Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)**

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