

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L95000000984

1. Entity Name
NK HOTEL, L.C.



FILED
08 SEP 16 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3025 COLLINS AVENUE
MIAMI BEACH, FL 33140

Mailing Address
%MILLER&WEBNER,PA
PO BOX 266947
WESTON, FL 33326

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
701 Brickell Avenue
Suite 1400

City & State
City & State
Miami, Florida

Zip Country
Zip Country
33131

09102008 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-0741062

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, REBECCA M
C/O MILLER & WEBNER, PA
2442 POINCIANA COURT
WESTON, FL 33327

7. Name and Address of New Registered Agent

Name
Law Center of the Americas, LLC
Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue
Suite 1400
City
Miami FL Zip Code
33131

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. Law Center of the Americas, LLC

SIGNATURE Steven H. Hagen, Vice President Sept 10, 2008
Signature, typed or printed name of registered agent, or both if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MEYER, NICOLA
3025 COLLINS AVENUE
MIAMI BEACH, FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KRAUSE, HANS-JOACHIM
3025 COLLINS AVENUE
MIAMI BEACH, FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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CITY-ST-ZIP
300135986413 ☐ Change ☐ Addition

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

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

Sept 10, 2008
Date

Daytime Phone #



CORPORATION SERVICE COMPANY

L 95000000984

ACCOUNT NO. : 072100000032

REFERENCE : 722894

AUTHORIZATION :

COST LIMIT : \$ 50.00

08 SEP 16 10:49

STATE
TALLAHASSEE, FLORIDA

ORDER DATE : September 15, 2008

ORDER TIME : 5:20 PM

ORDER NO. : 722894-010

CUSTOMER NO: 7359092

ANNUAL REPORT FILING

NAME: NK HOTEL, L.C.

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TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd-EXT#2940

EXAMINER'S INITIALS:

BK