

L990000000956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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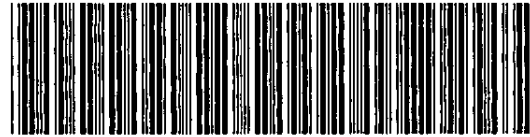
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG - 6 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAMPA HOTEL LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMER ASMAR

Name of Person

TAMPA HOTEL LLC

Firm/Company

29850 NORTHWESTERN HWY. STE 200

Address

SOUTHFIELD MI 48034

City/State and Zip Code

HASMAR@yahoo.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

AMER ASMAR

Name of Person

at (248) 557 5454

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

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Tampa Hotel LLC

2. (a) Principal office address of limited liability company: 4732 North Dale Mabey
(Note: **MUST BE STREET ADDRESS**) TAMPA FLORIDA 33614

(b) Mailing address of limited liability company: 29850 NORTHWESTERN HWY.
(Note: **MAY BE POST OFFICE BOX**) SUITE 200
SOUTHFIELD MI 48034

2/16/1999
3. Date of filing/registration in Florida

L99 000000 956
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

FAIZ ASMAR

Registered Office Address:

4732 North Dale Mabey
TAMPA FLORIDA 33614

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

AMER ASMAR

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

4732 North Dale Mabey
TAMPA FLORIDA
FL 33614

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

FAIZ ASMAR
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00