

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000002576

**FILED**  
**Jul 21, 2011**  
**Secretary of State**

**Entity Name:** REGIONS HOSPITALITY, LLC

**Current Principal Place of Business:**

2551 THOMPSON BRIDGE ROAD, NW  
GAINESVILLE, GA 30501 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1129  
GAINESVILLE, GA 30503 US

**New Mailing Address:**

**FEI Number:** 58-2533419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAW III, E. CLAY  
912 EAST BROWARD BLVD., STE B  
FT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MERCER, DAVID G  
**Address:** 2551 THOMPSON BRIDGE ROAD, NW  
**City-St-Zip:** GAINESVILLE, GA 30501 US

**Title:** MGR  
**Name:** MERCER, BRETT A  
**Address:** 2551 THOMPSON BRIDGE ROAD, NW  
**City-St-Zip:** GAINESVILLE, GA 30501 US

**Title:** MGR  
**Name:** PARKER, JOSEPH B  
**Address:** 2551 THOMPSON BRIDGE ROAD, NW  
**City-St-Zip:** GAINESVILLE, GA 30501 US

I hereby 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:** BRETT MERCER

MGR

07/21/2011

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