

MDL0000006929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

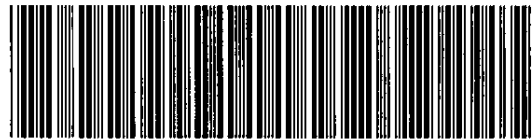
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 08 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OBADON HOTELS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melanie Sliney
Name of Person
Principal Mgmt. Partners
Firm/Company
P.O. Box 707
Address
Freeport NY 11520
City/State and Zip Code
MSLINEY@principalmgt.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Melanie Sliney at (516) 223-8833 ext 256
Name of Person Area Code and 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

☐ \$55.00 Filing Fee &
Certified Copy

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: OBADON HOTELS LLC

3. This entity was authorized to transact business in Florida on 12/14/06
and its Florida document/registration number is MO6000006929

MGRM

Robert Schlesinger
1801 South Australian
West Palm Beach FL 33409

Required Signature:

Signature of Manager, Managing Member or Member

Filing Fee: \$25

FILED
11 AUG - 5 AM 1964
SECRETARY OF STATE
TALLAHASSEE, FLORIDA