M0800003970

(Requ	estor's Name)
(Addre	ess)
(Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busir	ness Entity Name)
(Document Number)	
Certified Copies	Certificates of Status
Special Instructions to Filing Officer:	

G. MCLEOD
SEP 19 2008



300135976353

09/18/08--01033--004 **25.00

08 SEP 18 PH12: 37

SECRETARY OF STA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FLORIDA HOSPITALITY HOLDINGS, 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:		
D. Mittelmoun (Name of Person)		
GLOBAL MERGERS & ACQUISITIONS (Firm/Company)		
3616 CITARA CT (Address)		
ST. AUGUSTINE, FL, 32095 (City/State and Zip Code)		
For further information concerning this matter, please call:		
DAVID MITTELMANN at (904) 599 2894 (Name of Person) (Area Code and Daytime Telephone Number)		
(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 \$\sum_{\text{Certificate of Status}} \sum_{\text{Certified Copy}} \sum		
CR2E123(8/07)		

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability company Department of State is: FLORIDA HOSP.	
2. This entity was formed under the laws of	DELEMARE.
3. This entity was authorized to transact bus and its Florida document/registration number	
4. The name and address of each manager of	r managing member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR.	GLOBAL MERGERS & ACQUISTIONS CONSULTING, LLC 3616 CITARA CT ST. AUGUSTINE, FL 32692
·	DIVISIO
	SEP 1/8 PH 12:
	2.37 ATIONS
Required Signature: Signature of Manager, 1	Managing Member or Member)

Filing Fee: \$25