

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M11000005647

**FILED**  
**Dec 13, 2012**  
**Secretary of State**

**Entity Name:** S2 TALLAHASSEE HOTEL LESSEE LLC

**Current Principal Place of Business:**

450 PARK AVENUE, FOURTH FLOOR  
NEW YORK, NY 10022

**New Principal Place of Business:**

**Current Mailing Address:**

450 PARK AVENUE, FOURTH FLOOR  
NEW YORK, NY 10022

**New Mailing Address:**

IMOWITZ KOENIG & CO., LLP  
622 THIRD AVENUE, 33RD FLOOR  
NEW YORK, NY 10017

**FEI Number:** 38-3859061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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: KRISTEN RAHM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: S2 LESSEE JV LLC  
Address: 450 PARK AVENUE, FOURTH FLOOR  
City-St-Zip: NEW YORK, NY 10022

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: NEIL H. KOENIG

CFO

12/13/2012

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