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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one smail address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2377 COLLINS RESORT GP, L.L.C.

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D. BRUCE

OCT 4 2012

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10/3/2012

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CT CORPORATION

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10/03/2015 16:15

COVER LETTER

| SUBJECT: | | ns Resort GP, L.L. Limited Liability Comp | | • |
|----------------------|---|---|--|------------|
| Dear Str or Madan | n; | | | |
| | davit by Foreign Limit r(s) and fee(s) are sub | ed Liability Company to nitted for filing. | Change Manager(s) or | |
| Please return all co | orrespondence concern | ing this matter to the fol | lowing: | |
| | Jiang Lu | | | 7A.0 |
| | Name of Person | | | 1 SEC 1 |
| Rinaldi I | Finkelstein and Fran | iklîn LLC | | 유유 도 |
| | Firm/Company | | , | -3 ASS |
| 50 | 1 West Putnam Aver | מווים | | <u>m</u> - |
| | Address | | | |
| | | _ | | SJA SJA |
| Greenwich CT 06830 | | - REF. | | |
| | City/State and Zip Co | 006 | | Z.» |
| To make a didage | jlu@starwood.co | om re annual report notificat | · • | |
| p-man addres | st (to be used for faidi | e annost tebou nonnest | ion) | |
| For further informe | ation concerning this n | ostter, please call: | | |
| Jlang | g Lu at (| 203 | 422-7771 | |
| | of Person | Area Code and Daytim | | |
| O'mm midel (co | ermane i timorea. | 25.000.00 | *** | |
| Registration | OURIER ADDRESS: Section | MAILING A Registration S | | |
| | Corporations | Division of C | | |
| Clifton Build | ling | P.O. Box 632 | | |
| | ive Center Circle | Tullahassee, F | lorida 32314 | |
| Tallahassee, | Florida 32301 | | | |
| Enclosed is a chec | k for the following at | mount: | | |
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CT CORPORATION

10/03/5015 10:12 8020330035

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

| The name of the limited liability compar. Department of State is: 237. | ry as it appears on the records of the Florida 7 Collins Resort GP, L.L.C. | | | |
|---|---|-----------------|----------|------|
| 2. This entity was formed under the laws of | | , | | |
| 3. This entity was authorized to transact bu and its Florida document/registration number | siness in Florida on December 20, 2011 er is M11000006359 | • , | | |
| 4. The name and address of each manager of | or managing member is as follows: | | | |
| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: | | | |
| MGR | Robert P. Geimer 400 Galleria Parkway, Suite 1450 | - | | |
| • | Atlanta, GA 30339 | FAL | 75 | |
| <u>Vice President</u> | Camille Douglas 40 West 57th Street, 23rd floor | SECRETARY OF ST | 12 OCT - | ¥ |
| | New York, NY 10019 | IRY OF SSEE. | -3 AS | FILE |
| | | STATE | •• |) E |
| | | | 52 | • |
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| | · | - | | |
| | | - - | • | |
| Required Signature: Hotel Place 24, L.L.C | | | | |
| Signature of Manager, | Managing Member or Member | | | |

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Filing Fee: \$25