

M13000003446

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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) 205-8842
Fax Number : (850) 878-5368

RE-SUBMIT

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

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*Please retain original filing
copy of submission*

11/18

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MARGARITAVILLE HOLLYWOOD BEACH RESORT GP,
L.L.C.**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 20 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Margaritaville Hollywood Beach Resort GP, L.L.C.
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Larysa Castro

Name of Person

Rinaldi, Finkelstein & Franklin, LLC

Firm/Company

591 West Putnam Avenue

Address

Greenwich, CT 06830

City/State and Zip Code

lcastro@starwood.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larysa Castro

Name of Person

at (203) 422-7779

Area Code & 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 Filing Fee &
Certified Copy

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

CR2E055 (12/14)

11/19/2015 4:26:41 PM From: To: 8506176383(2/5)
850-617-6381 11/19/2015 9:32:10 AM PAGE 1/001 Fax Server



November 19, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MARGARITAVILLE HOLLYWOOD BEACH RESORT GP, L.L.C.
3501 N. OCEAN DRIVE
HOLLYWOOD, FL 33019US

SUBJECT: MARGARITAVILLE HOLLYWOOD BEACH RESORT GP, L.L.C.
REF: M13000003446

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

WE NEED AMENDMENT FORM

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

FAX Aud. #: H15000275194
Letter Number: 915A00024434

RE-SUBMIT

Please retain original filing
date of submission 11/18

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Margaritaville Hollywood Beach Resort GP, L.L.C.
2. The Florida document number of this limited liability company is: M13000003446
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: May 31, 2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent


7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

The name and address of each manager or member has been amended as follows:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Robert P. Geimer	400 Galleria Parkway, Suite 1450	<input checked="" type="checkbox"/> Add
		Atlanta, GA 30339	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative
Robert P. Geimer, Manager

Typed or printed name of signee

Filing Fee: \$25.00