

M14000008349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 OCT 30 AM 9:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

[Signature]
10/31/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2017

IAN G. BACHEIKOV, ESQ.
98 S.E. 7TH STREET, SUITE 1100
MIAMI, FL 33131 US

SUBJECT: CARILLON HOTEL, LLC
Ref. Number: M14000008349

We have received your document for CARILLON HOTEL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 017A00021175

2017 OCT 31 AM 11:16

MAIL ROOM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARILLON HOTEL, LLC
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:

IAN G. BACHEIKOV, ESQ.

Name of Person

AKERMAN, LLP

Firm/Company

98 S.E. 7TH STREET, SUITE 1000

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

MKANE@ZCAPGROUP.NET

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

For further information concerning this matter, please call:

IAN G. BACHEIKOV, ESQ. at (305) 982-5669

Name of Person

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

**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: CARILLON HOTEL, LLC

Enter new principal office address, if applicable: _____

(Principal office address)

MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)

MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M14000008349

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 11/19/2014

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 officer 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

_____, Florida _____
City 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

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17 OCT 31 PM 4:12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SEAN MADDOCK	150 NORTH FIELD DRIVE, SUITE 300	<input type="checkbox"/> Add

LAKE FOREST, IL 60045 Remove

MGR	ANDREW COATS	150NORTH FIELD DRIVE, SUITE 300	<input type="checkbox"/> Add
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LAKE FOREST, IL 60045 ☐ Remove

MGR	KIRK MASON	150 NORTH FIELD DRIVE, SUITE 300	<input type="checkbox"/> Add
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LAKE FOREST, IL 60045 ☐ Remove

☐ Add

☐ Remove

_____ ☐ Add

☐ 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

Ian Bacheikov, POA
Typed or printed name of signee

Filing Fee: \$25.00