Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150002014203)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842 Fax Number : (850)878-5368

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SB HOTEL OWNER GP, L.L.C.

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Corporate Filing Menu

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8/20/2015 11:38:44 AM From: To: 8506176383(2/3)

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COVER LETTER

TO:	Registration S Division of C							
SUBJ	SB Hotel	Owner GP, L.L.C.						
SUDJ	EC1:	Name of Foreign Li	mited Liability Cor	npany	_			
Dear S	Sir or Madam:	·						
		rit by Foreign Limited and fee(s) are submit		to Change Mana	ager(s) or			
Please	e return all corre	espondence concerning	this matter to the i	following:				
		Larysa Castro						
		Name of Person						
	Rinale	li Finkelstein & Franklin, L	L.C.					
		Firm/Company						
	591	West Putnam Avenue			三部一方			
	<u></u>	Address	,		CORET	-17		
	(Freenwich CT 06830			55 S			
	C	ity/State and Zip Code			20 ARY 0 (SSEE	M		
		lcastro@starwood.com				0		
F	-mail address:	(to be used for future	annual report notifi	cation)	9			
For fu	orther informati	on concerning this ma	tter, please call:		第五			
	. Castro	. 20	33 422-7779					
	Name of 1	Person at (Area Code and Day	time Telephone l	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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314								
	sed is a check Filing Fee	for the following ame 530 Filing Fee & Confficate of Status	ount: (3 \$55.00 Filing Fee Certified Copy	& 560 Filing Certificate of Certified Cop	Status &			

CR2E123(8/07)

8/20/2015 11:38:44 AM From: To: 8506176383(3/3)

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

Department of State is: SB Hotel Owner GP, L.L.C	<u> </u>	_ ,
2. This entity was formed under the laws of:	Delaware	
3. This entity was authorized to transact busing and its Florida document/registration number		
4. The name and address of each manager or	managing member is as follows:	地方
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	FALF No 20
	Robert P. Geimer 400 Galleria Parkway, Suite 1450	FIG. B O
-	Atlanta, GA 30339	9 39
		
		
Required Signature: Hotel Place 24, L.L.C., By: A	s/ Jerome C. Silvey Ianaging Member or Member	

Filing Fee: \$25